



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GOBBLE GOBBLE SWING



Thanksgiving Tennis Camp AMERICANA YMCA

FUTURE STARS

Beginners – Intermediate level

Ages: 4-10

Times:
8am – 10:30am

Cost:
YMCA Member: \$100
Program Member: \$125

MIDDLE SCHOOL/HIGH SCHOOL DEVELOPMENT

Beginners-Intermediate level

Ages: 10-18

Times:
10:30am– 1pm

Cost:
YMCA Member: \$100
Program Member: \$125

HIGH PERFORMANCE

Advanced Players

Ages: 9-18

Times:
2:00pm-4:30pm

Cost:
YMCA Member: \$100
Program Member: \$125

WHEN: November 22 –24

LOCATION: AMERICANA YMCA
4200 Liberty Way
Zachary, La 70791
225-612-9622
ymcabr.org



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE CAPITAL AREA REGISTRATION FORM

___ Future Stars ___ Week 1 ___ Week 2 ___ Week 3
___ High/Middle School Camp ___ Week 4 ___ Week 5 ___ Week 6

PARTICIPANT CONTACT INFORMATION:

Name: _____ Gender: M/F

Address: _____

Zip: _____ Phone: _____

Age: _____ DOB: ____/____/____

School: _____

E-Mail: _____

Shirt Size (circle one): **Youth:** XS, S, M, L, XL **Adult:** S, M, L, XL, XXL

If Under 18:

Mother/Guardian Name: _____

Cell Phone: _____

E-Mail: _____

Father/Guardian Name: _____

Cell Phone: _____

E-Mail: _____

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may expose myself or my child to risk of injury. I agree to hold the YMCA harmless from any claims, which may occur through participation in any activity at the YMCA or in its programs. In cases of emergency or accident to myself and/or to my child and I am unable to respond or be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for myself and/or my child to an appropriate facility for treatment. As a YMCA participant, I authorize the YMCA to use any images taken of myself and/or my child for promotional purposes of the YMCA. I have read and understand the above information and therefore grant myself and/or my child permission to participate in this YMCA Program in accordance with the conditions set forth above.

Signature of Participant/Parent/Guardian:

Date: _____

The Y is non-profit, community service organization, with a focus on strengthening the community through program that build a healthy spirit, mind and body for all. We appreciate your participation at the Y!