

# 2025 SUMMER YOUTH TENNIS PROGRAM

## **Ages 5-13**

The St. Joseph Parks and Recreation Department will host a youth tennis program during the month of July at the Noyes Tennis Center. The program will be divided into two age divisions.

The program will follow the guidelines of the United States Tennis Association. This program promotes an organized process, focusing on teaching the game of tennis to youth from 5 to 13 years of age in a fun, positive environment. The teaching methods, modified equipment, and kid-tailored court size leads to fun and skill development from the very beginning of the program. The process helps kids learn, rally, and play quickly in a way that is both enjoyable and rewarding. (The parks department will have a supply of modified rackets and balls available for the use of registered participants.)

The St. Joseph Parks and Recreation Department is administering this youth tennis program, but instruction will be provided by trained tennis staff.

**Cost - \$50 per participant, (each session will consist of four, 45-minute sessions per week for a one-week period.) The program will begin on Monday, July 7 and run through Thursday, July 10.**

All attempts will be made to group children according to both age and ability, but some accommodations may have to be made, depending on number of participants registered.

**Summer Session Deadline for sign-ups:**

**Friday, June 27, 2025**

## **St. Joseph Parks and Recreation Department** **Summer Youth Tennis Program**

(Please check appropriate box)

Ages 5-9

Ages 10-13

Participant Name: \_\_\_\_\_

Participant DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_



**PARKS, RECREATION,  
& CIVIC FACILITIES**  
CITY OF ST. JOSEPH, MISSOURI

I, the undersigned, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against The St. Joseph Parks, Recreation, and Civic Facilities Department, all its employees and instructors, and the City of St. Joseph while my child is a participant in the above marked program. This includes any and all injuries suffered by my child and any damaged or lost property of my child.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date: \_\_\_\_\_