



ICM TENNIS ACADEMY

JUNIOR TENNIS NUTRITION

& HEALTHY GROWTH GUIDE

AGES 6 - 12



JUNIOR TENNIS NUTRITION & HEALTHY GROWTH GUIDE

Evidence-reviewed parent and coach handbook | Ages 6-12 | October 2026

High Performance & Competitive Player Development

A food-first, growth-first framework for training, tournaments and everyday family life. Adapt portions to the child’s appetite, development, activity, culture, allergies and medical needs. This guide is educational, not an individualized prescription.

Core priorities: adequate total food; carbohydrates to fuel movement; protein-containing foods across the day; calcium and vitamin D for bones; regular fluids; enjoyable meals and healthy attitudes to food.

Important: No mandatory calorie targets, weight targets, supplement stacks or body-composition monitoring for children. A Canadian registered dietitian with pediatric sports experience should review the handbook before adoption as an academy-wide clinical standard.

1 | Evidence and scope

Tennis Canada describes family education and individually adjusted meal, snack and hydration support at its National Tennis Centre. Its full-time athletes are mainly 15-19, so their intake practices cannot be directly prescribed to younger children [1,2]. ITF emphasizes varied food, carbohydrate, protein, fluids and cautious supplement use; its general athlete calorie figures are NOT U12 prescriptions [3,4]. Canadian age-based Dietary Reference Intakes provide nutrient benchmarks [5,6].

2 | Everyday eating framework

Offer three main meals and regular snacks according to hunger and the training schedule. Most meals can include a carbohydrate source (rice, potatoes, oats, bread or pasta), a protein food (eggs, fish, poultry, beans, lentils, tofu, dairy), fruit or vegetables, and an appropriate fat source. During heavy activity, additional carbohydrate-rich snacks may be useful. Avoid rigid portions and do not force children to finish food.

Illustrative training-day schedule (not a prescription)

When	Food ideas
Breakfast	Oatmeal with milk/fortified soy beverage, berries and egg; or toast, eggs and fruit
School snack	Yogurt and banana; or hummus with crackers
Lunch	Rice or pasta, chicken/tofu/beans, vegetables and fruit
60-90 min before tennis	Banana, toast or crackers; adjust for comfort
During tennis	Water at regular breaks; for extended play, consider easily digested food as needed

3 | A flexible seven-day family menu

Swap equivalent foods to respect cultural preferences, availability, vegetarian diets and allergies. Add snacks and larger or smaller portions according to the child's appetite and activity.

Day	Breakfast	Lunch	Dinner
Mon	Oats, milk, banana	Chicken, rice, vegetables	Salmon, potatoes, greens
Tue	Eggs, toast, orange	Pasta, lentils, salad	Chicken, rice, vegetables
Wed	Yogurt, oats, berries	Bean and cheese wrap	Tofu, noodles, broccoli
Thu	Toast, peanut butter*, fruit	Tuna or chickpea sandwich	Turkey/bean chili, rice
Fri	Egg and cheese wrap	Chicken or tofu rice bowl	Pasta, tomato, beans
Sat	Pancakes, yogurt, fruit	Rice, eggs, vegetables	Fish, potatoes, carrots
Sun	Oats, fruit, milk	Lentil soup, bread	Chicken/tempeh, rice, greens

*Use nut-free substitutions where school or individual allergy rules require them. Choose lower-mercury fish and observe food safety guidance.

4 | Before, during and after tennis

Before training

Offer a familiar meal 2–3 hours before when practical. If hungry closer to play, use a smaller, easily tolerated carbohydrate snack. Avoid introducing unfamiliar foods just before matches.

During training

Make water available and schedule frequent breaks. For ages 9–12, the American Academy of Pediatrics gives an approximate vigorous-exercise range of 3–8 US fluid ounces (about 90–240 mL) every 20 minutes, varying widely with heat, sweat and body size [7]. This is a reference range, not a mandatory drinking quota; younger children need individualized guidance. Avoid overdrinking.

After training

Offer fluids and a normal meal or snack with carbohydrate and protein. Recovery is especially important when another match or training session follows soon. A rigid 30-minute protein deadline is unnecessary for most recreational U12 schedules.

Hot weather and long matches

Increase shaded breaks and cooling opportunities. For prolonged vigorous play over an hour with heavy sweating, a clinician or sports dietitian can advise whether an electrolyte-containing drink is appropriate. Energy drinks and caffeine products are not appropriate substitutes. Stop activity and seek medical attention for concerning heat-illness symptoms [7,8].

5 | Age-based nutrient reference values

The figures below are total daily dietary reference intakes (RDA), NOT recommended supplement doses. Age bands reflect Canadian DRI tables [5,6].

Nutrient	Ages 6–8	Ages 9–12	Food-first examples
Vitamin D	600 IU (15 mcg)	600 IU (15 mcg)	Fortified milk/soy beverage, fish, eggs
Calcium	1,000 mg	1,300 mg	Milk, yogurt, fortified soy, calcium-set tofu
Iron	10 mg	8 mg	Meat, lentils, beans, fortified cereal
Zinc	5 mg	8 mg	Meat, dairy, beans, seeds
Magnesium	130 mg	240 mg	Oats, beans, nuts/seeds

Vitamin D clarification: Health Canada recommends a daily dietary source of vitamin D for ages 2–50. When vitamin-D-containing foods are not consumed daily, a 400 IU (10 mcg) supplement is an appropriate option [9]. This does not mean the full 600 IU reference intake must come from a pill. Check all supplements already taken and consult a healthcare professional when there are medical concerns.

Iron: Do not prescribe iron without clinical assessment; excessive iron can be harmful. Persistent fatigue, pallor, dizziness or unusual exercise intolerance warrant medical review, not automatic supplementation.

6 | Supplements: academy policy

Food first. No routine creatine, pre-workout, caffeine/energy drinks, fat burners, bodybuilding protein powders, high-dose multivitamins or electrolyte tablets for all children. Specific medically indicated nutrients may be appropriate following individualized assessment. ITF warns about supplement contamination and anti-doping risks [4]; the American Academy of Pediatrics finds little evidence of benefit from performance supplements in younger athletes [10].

7 | Tournament-day packing list

Refillable water bottle; familiar carbohydrate-rich snacks (banana, crackers, sandwich, dried fruit); a balanced meal for longer gaps; cooler bag for perishable foods; allergy-safe substitutions; sunscreen/hat; a plan for scheduled water and shade breaks. Avoid testing a new food or supplement on competition day.

8 | Special situations and referral

Seek a registered dietitian or pediatric clinician for restrictive eating, vegetarian/vegan diets requiring careful planning, food allergy, diabetes, gastrointestinal symptoms, recurrent injuries, delayed growth, low energy, dizziness or persistent fatigue. Coaches should never diagnose deficiencies, order tests or recommend supplement doses. Do not discuss a child's weight or private health information in public team channels.

9 | Parent weekly check-in

- Did my child eat regular meals and have enough food to feel satisfied?
- Did we pack water and a familiar, allergy-safe snack for tennis?
- Did meals offer varied grains/starches, protein foods, fruits/vegetables and calcium-rich options?
- Did my child have a daily dietary source of vitamin D (food or an appropriate supplement)?
- Has my child had enough rest and recovered comfortably between sessions?
- Are there symptoms, allergies, medications or dietary restrictions to discuss privately with a clinician?

10 | Coach implementation protocol

Distribute this guide as general education. Collect only essential allergy and emergency safety information privately and securely. Provide regular water breaks, adapt training to heat, and encourage familiar snacks. Coaches must not diagnose deficiencies, recommend supplement doses, prescribe weight-loss diets, or publish a child's medical information.

Important medical and nutrition notice

This guide is for general education only and does not replace individualized medical advice, diagnosis or treatment. Children with food allergies, diabetes, chronic illness, gastrointestinal disorders, kidney conditions, growth concerns, restrictive eating, medication use, or any other special medical or dietary needs must consult their **pediatrician or relevant medical specialist** and, where appropriate, a **Registered Dietitian experienced in pediatric sports nutrition** before making substantial dietary changes or starting supplements.

Parents should seek medical advice for persistent fatigue, dizziness, recurrent injury, unexpected weight changes, poor growth, or difficulty eating. For severe allergic reactions, fainting, confusion, or other urgent symptoms, seek emergency care.

ICM Tennis Academy does not prescribe supplements. The guide has not been individually reviewed or endorsed by Tennis Canada, the ITF, Health Canada, or a pediatric dietitian.

11 | Scientific references & further reading

Primary organizational and clinical sources. The references support general education; they do not constitute individual medical clearance.

[1] Tennis Canada — Nutrition at the National Tennis Centre

<https://www.tenniscanada.com/news/change-the-game/2024/nutrition-at-the-national-tennis-centre-in-montreal-is-a-family-affair>

[2] Tennis Canada — National and Regional Training Centres

<https://www.tenniscanada.com/compete-perform/whole-player-development-pathway/national-regional-training-centers>

[3] ITF — Tennis Nutrition: Eating Right

<https://www.itftennis.com/en/news-and-media/articles/tennis-nutrition-eating-right/>

[4] ITF — Nutrition and Supplements (PDF)

<https://www.itftennis.com/media/2148/nutrition-supplements.pdf>

[5] Health Canada — Dietary Reference Intakes: Vitamins

<https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/dietary-reference-intakes/tables/reference-values-vitamins.html>

[6] Health Canada — Dietary Reference Intakes: Elements

<https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/dietary-reference-intakes/tables/reference-values-elements.html>

[7] AAP — Choose Water for Healthy Hydration

<https://www.healthychildren.org/English/healthy-living/nutrition/Pages/Choose-Water-for-Healthy-Hydration.aspx>

[8] ITF — Heat Guidance (PDF)

<https://www.itftennis.com/media/2298/health-heat.pdf>

[9] Health Canada — Vitamin and Mineral Supplementation

<https://www.canada.ca/en/health-canada/services/food-guide/explore/dietary-guidelines/applying/advice-vitamin-mineral-supplementation.html>

[10] AAP — Performance-Enhancing Sports Supplements

<https://www.healthychildren.org/English/healthy-living/sports/Pages/Performance-Enhancing-Substances.aspx>

[11] AAP — Sports Drinks and Energy Drinks for Children

<https://publications.aap.org/pediatrics/article/127/6/1182/30098/>

Scientific clarification

Vitamin D: the 600 IU/day dietary reference intake for ages 4–13 is distinct from Health Canada's guidance that a 400 IU supplement is appropriate when vitamin-D-containing foods are not consumed daily. Neither figure is an instruction to give every child a supplement. Review total intake and individual medical circumstances.

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