



# 10 & UNDER TENNIS A USTA PROGRAM



## REGISTRATION FORM

located at Longwood Athletic Club

PLEASE PRINT CLEARLY & FILL OUT COMPLETEY

### SECTION 1:

STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M or F  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

### SECTION 2:

MOTHER'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
H: ( ) \_\_\_\_ - \_\_\_\_ C: ( ) \_\_\_\_ - \_\_\_\_ W: ( ) \_\_\_\_ - \_\_\_\_ EMAIL \_\_\_\_\_

### SECTION 3:

FATHER'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
H: ( ) \_\_\_\_ - \_\_\_\_ C: ( ) \_\_\_\_ - \_\_\_\_ W: ( ) \_\_\_\_ - \_\_\_\_ EMAIL \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (if unable to contact parents)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
H: ( ) \_\_\_\_ - \_\_\_\_ C: ( ) \_\_\_\_ - \_\_\_\_ W: ( ) \_\_\_\_ - \_\_\_\_

By signing below I agree that I am the parent or legal guardian of the above student. I further acknowledge and agree that there are certain inherent dangers in playing tennis and that the Longwood Athletic Club or Next Generation Tennis Academy shall not be liable for any personal injuries, property damage, or loss sustained by me or my children during their participation in the Longwood Athletic Club, LLC affiliated programs or while on the premises of Longwood Athletic Club, whether or not said personal injuries, property damage, or other loss sustained by the undersigned is the result of the negligence of the owners, agents or employees of the Academy or the negligence of any other persons present on Longwood athletic clubs premises. These conditions apply individually and/or jointly with other players, player's children or guests of players.

Longwood Athletic Club does not carry medical insurance for its students. It is required that all tennis students be covered by their own family insurance policies, and if injury occurs, it is understood that the student's own policy is your only source of reimbursement. I hereby authorize the use of my child's name and likeness to be used on any/all promotional/advertising materials for Longwood Athletic Club, LLC. Promotional/advertising materials may include but are not limited to, website, brochures and press releases.

Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

### MEDICAL EMERGENCY INFORMATION & RELEASE

TO WHOM IT MAY CONCERN: I hereby give consent to any hospital and/or doctor to administer emergency treatment to myself/my child in the event of an emergency, provided such treatment is imperative. I also give consent for myself/my child to be transported by ambulance if the situation warrants and will pay for all medical costs resulting from the necessary medical care.

Family Physician: \_\_\_\_\_ Office #: \_\_\_\_\_

State any allergies, disabilities, medical conditions or restrictions of the student: \_\_\_\_\_

Does the student receive any medication? YES NO If yes, please list: \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

SIGNATURE (required for medical release)

\_\_\_\_\_  
DATE \_\_\_\_\_

STARTING January 2012



941-351-1750



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## REGISTRATION FORM

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<b>SESSION 1 – Starts January 17th</b>			
	<b>Tuesdays Only</b> \$120 / 8 weeks	<b>Thursday Only</b> \$120 / 8 weeks	<b>Tuesdays &amp; Thursday</b> \$224 / 8 weeks
<b>AGES 6 - 8</b> 4:15pm – 5:15pm			
<b>Ages 9-10</b> 5:25pm – 6:25pm			
<b>SESSION 2 – Starts March 20th</b>			
	<b>Tuesdays Only</b> \$120 / 8 weeks	<b>Thursday Only</b> \$120 / 8 weeks	<b>Tuesdays &amp; Thursday</b> \$224 / 8 weeks
<b>AGES 6 - 8</b> 4:15pm – 5:15pm			
<b>Ages 9-10</b> 5:25pm – 6:25pm			

### ONE TIME REGISTRAION FEE - \$20

- Registration fee is charges for each students first session in the program and includes a USTA age approved racquet