

C.T.A CONTACT INFORMATION SHEET JUNIOR CLINICS

Fill out completely

Player's Information

First _____ Last _____ D.O.B _____

School _____ Grade _____

Parents Information

Mother Name _____ Phone Number/ Cell Phone _____

Home and E-mail address _____ & _____

Father Name _____ Phone Number/ Cell Phone _____

Home and E-mail address _____ & _____

How did you hear about us? _____ Homestead Resident: **No / Yes**

Medical Information

All juniors must have adequate medical insurance during the period in which they will be attending the program. Please list any medical conditions that your child might suffer from on the line provided: _____

Termination This agreement may be terminated at any time, in writing, by either party with seven (7) days written notice. In the event the Association elects to terminate the agreement, the Association shall not be liable to the instructor for any damages associated with lost income derived from the Lessons.

Photo Disclaimer

This section is to allow your child or children, person or entity that was registered to have the child or children's images/photograph taken. You, the legal parent or legal guardian of the child or children will not hold JD Redd Park The City of Homestead, Chow Tennis Academy, ChowTennisAcademy.com, Andre Chow, Kevin Chow or any affiliate, organizations, persons, individuals, photographer (s) or any entity associated with JD Redd, The City of Homestead, Andre Chow, Kevin Chow liable for any outcome, with regards to the images of your child or children displayed strictly for business or promotional purposes at JD Redd Park, The City of Homestead, Chow Tennis Academy, ChowTennisAcademy.com, Andre Chow, Kevin Chow. You the legal parent or legal guardian accept any outcome, and will not hold the physical site(s) Winston Park or J.D. Redd and The City of Homestead responsible or accountable in any way.

Conduct Policy

J.D. Redd and/or The City of Homestead reserves the right to remove or dismiss any member whose conduct or influence is unlawful and/or in violation of city or park ordinances.

Permission Statement

I give permission for my child to participate in all in and out junior activities. I understand that these activities might have risks and dangers connected with them: however, I release JD Redd Park The City of Homestead, Chow Tennis Academy, ChowTennisAcademy.com, Andre Chow, Kevin Chow and staff from any legal actions or claims that my child, I, or the legal guardian might have for the damage or injury to the child named below or any personal property arising from being a participant at or participating in any activity in the Winston Park Chow Tennis Academy tennis or J.D. Redd Park Tennis program (s). This agreement, and any disputes or claims against directors, employees, agents or JD Redd Park The City of Homestead, Chow Tennis Academy, ChowTennisAcademy.com, Andre Chow, Kevin Chow, shall be interpreted, governed and constrained by laws and courts of the State of Florida and all legal actions shall be under jurisdiction of the State of Florida.

Refund Policy

Withdrawal or change in arrangements of any kind must be notified to the director. No refund is given back to the participant; it is credited to the next month for a max of one month. Then credit is terminated.

Cancellation Policy

All junior and adult participants must cancel minimum four hours in advance or you will be charged. Please call the director to see if clinics are cancelled due to rain.

By signing below you are agreeing to the terms of conditions outlined above.

Parent/Guardian Signature _____ Date _____

TENNIS ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, _____, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH **TENNIS OR TENNIS RELATED ATHLETIC TRAINING**, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I as wilful participant am physically fit, have sufficiently prepared or trained for participation in tennis or similar tennis related activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this or a similar athletic activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the leaseholders, property owners, the home owners association involved, event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: **CHOW TENNIS ACADEMY, J.D. REDD PARK, THE CITY OF HOMESTEAD, ANDRE CHOW AND KEVIN CHOW.**

and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that they are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

____ Participant/Player Initials

____ Parent Initials (if participant 18 or under)

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers, coaches and anyone else on the court or are where activity is taking place.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature _____

Participant's Name

Date

(IF NECESSARY)

Parent/Guardian Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)

____ Participant/Player Initials

____ Parent Initials (if participant 18 or under)