

PLAYER REGISTRATION



TENNIS ACADEMY

At The Sea Pines Resort

General Information

How did you hear about the Smith Stearns Tennis Academy?

- Newspaper Magazine Website Brochure Friend Other

If other, please specify _____

In which program will you be enrolling?

- Year Round Semester Monthly Weekly Weekend Summer

What specific dates will you train?

_____ / _____ / _____ to _____ / _____ / _____

Are you interested in private lessons? Yes No

If yes, how many hours a week do you anticipate? _____

Will you be staying at Smith Stearns Student Housing? Yes No

If no, where will you be staying? _____

Player Information / Rankings

Student Name 1: _____

Date of Birth: _____ / _____ / _____ Gender: _____

School: _____ Singles Rank: _____ Doubles Rank: _____

State: _____ Sectional: _____ National: _____ ITF: _____

Goals: *Please give us a brief explanation of what you expect to achieve during your stay*

Student Name 2: _____

Date of Birth: _____ / _____ / _____ Gender: _____

School: _____ Singles Rank: _____ Doubles Rank: _____

State: _____ Sectional: _____ National: _____ ITF: _____

Goals: *Please give us a brief explanation of what you expect to achieve during your stay*

Parent/Guardian Information

Father's Name: _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Email: _____

Player's Email: _____

Emergency Contact Information

Alternative Person to Contact in an Emergency: (Other than listed above)

Name: _____

Relationship: _____ Contact Phone: _____

Injuries/Medical Conditions (i.e. allergies, asthma, ADD)

For Office Use Only

Date Received: ____/____/____

Deposit Paid: Yes No

Deposit Amount: \$ _____

Amount Due: \$ _____

Paid in Full (date): ____/____/____

Posted (in computer):

Confirmation sent: ____/____/____

Private Lessons?: Yes No

of Privates Requested?: _____

Pro Requested: _____

Scheduled: Yes No Paid: \$ _____ Date: ____/____/____

Training Dates: ____/____/____ to ____/____/____

ORTHOSPORT

Physical Therapy
LLC

Custodial Guardian Release & Waiver

Release and Waiver of Liability for Dependent Child Smith Stearns Tennis Fitness Program

It is expressly agreed that participation in the fitness training activities by the Smith Stearns Tennis Academy shall be undertaken by these minor members at their own risk, and the Seller/Provider shall not be liable for any injuries, loss or damage to any member or guest; or the property of any member or guest or be subject to any claim, demand, injuries, damages, actions or causes of actions. It is especially agreed that the Seller/Provider shall not be responsible or liable to members or their guests for articles lost or stolen in the club. The Seller/Provider also shall not be responsible or liable for any loss or damage to any other property or members or their guests, including their automobiles and contents. It is also agreed that any damages to the club facilities or to the property of any member by another member or his guest, is the sole responsibility of the Smith Stearns Tennis Academy.

The Smith Stearns Tennis Academy accepts all responsibility for the programs and activities designed as tennis-fitness conditioning, and that the dependent minors involved will be supervised by the representatives of Smith Stearns during their use of Breakthrough Fitness facilities.

I attest that I have the authority to sign this waiver as custodial guardian for the minor child named on the membership.

Signed: _____

Print Name: _____

Students Name: _____

Relationship to Student: _____

Phone: _____ Date: ____/____/____



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