



Mark Dickson Tennis Academy  
8551 Woodbriar Drive  
Sarasota, FL 34238  
941.356.4932  
[www.markdicksontennis.com](http://www.markdicksontennis.com)

## 2009-2010 ADULT TENNIS ACADEMY REGISTRATION FORM

**STUDENT INFORMATION – PLEASE COMPLETE A SEPARATE REGISTRATION FORM FOR EACH STUDENT**

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

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

Primary Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

T-shirt size:  Small  Medium  Large  XL

How did you hear about the Mark Dickson Tennis Academy?

\_\_\_\_\_

What specific types of clinics are you interested in taking?

Doubles strategy  Singles strategy  Stroke-of-the-day  Women's clinic  Men's clinic

What days are best for you?

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

What times are best for you?

Early morning  Late morning  Evenings

**Please make checks payable to: Mark Dickson Tennis Academy, L.L.C.**

Please remember to complete and sign the following forms:

- HEALTH HISTORY & EMERGENCY CONTACT
- WAIVER & RELEASE FROM LIABILITY

**All of the above information must be completed and signed BEFORE enrollment in any Academy programs.**

**Please return registration forms to:**

In person:	Via email:	Via fax:	Mail registration forms and payment to:
Your Professional Coach	Scan and email to: Karen@markdicksonstennis.com	941.926.4207	Mark Dickson Tennis Academy 8551 Woodbriar Drive Sarasota, FL 34238

**Thank you and we look forward to spending a fun and productive season together!**



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## Student's Personal Health History & Emergency Contact Form

**Please PRINT or TYPE (USE ONE FORM PER STUDENT)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] MALE [ ] FEMALE AGE \_\_\_\_\_

PLEASE LIST A PERSON WHO COULD BE CONTACTED IN CASE OF AN EMERGENCY:

EMERGENCY CONTACT: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S PHONE #: \_\_\_\_\_

Health History

IF THE STUDENT SHOULD BE RESTRICTED FROM ANY ACTIVITY, PLEASE NOTE:

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Please list all medications student is currently taking: \_\_\_\_\_

Please list all medical conditions currently under treatment:

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Please list any food allergies:

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I certify that the student listed above is physically fit and have sufficient abilities for this program. I understand that the Mark Dickson Tennis Academy programs and camps include vigorous physical activities and exertion, which can occur in a hot and humid environment.

I understand and acknowledge that I am hereby advised that the student listed above should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG or ECHO) and/or cardio stress test. If any of the above tests are performed I will provide a copy with this form.

Responsible Party Signature: \_\_\_\_\_

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

**All of the above information must be completed and signed BEFORE enrollment in the Academy.**

WAIVER & RELEASE FROM LIABILITY

Student: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

IN CONSIDERATION OF STUDENT BEING PERMITTED TO PARTICIPATE IN THE MARK DICKSON TENNIS ACADEMY (the “Academy”), RESPONSIBLE PARTY AND STUDENT HEREBY AGREE TO THE FOLLOWING (this “Agreement”):

**Medical Emergency/Permission to Treat:** Responsible Party and Student hereby give consent to the Academy, or its employees, staff, volunteers, agents, independent contractors, or to any hospital, doctor or medical facility or personnel to administer emergency treatment to Student in the event of an emergency or an event deemed to be an emergency by such person administering emergency treatment, and Responsible Party shall pay for all costs resulting from such treatment. Responsible Party and Student also give consent for Student to be transported by medical ambulance and shall pay for all costs resulting from such transportation. Responsible Party and Student hereby acknowledge and agree that the Academy shall have the right, in the Academy’s sole and absolute discretion, to remove Student from any and all programs and activities related the Academy if at any time the Academy has a concern for the medical safety of Student.

**Permission to Transport:** Responsible Party and Student hereby give permission to the Academy to transport Student by vehicle to any off-site tournaments, training facilities, camps, trips, programs, or other events related to the Academy. Responsible Party and Student hereby release the Academy, or any of its officers, managers, members, affiliates, employees, independent contractors, instructors, agents, or anyone else acting for or on behalf of the Academy, from any and all injury, loss, accident or death that may occur to Student while being transported as set forth herein.

**Marketing Rights:** Responsible Party and Student hereby irrevocably grants to the Academy the right to use Student’s name, nickname, biographical information, and likeness (whether captured in photographs, video, motion pictures, telecasts, or any other recording) for purposes of advertising, marketing, and promoting the Academy, including, but not limited to books, video, television, reports or articles. Responsible Party and Student hereby acknowledge and agree that any and all video taping or photography of any programs or events related to the Academy, or any of its officers, managers, members, affiliates, employees, independent contractors, instructors, agents, or anyone else acting for or on behalf of the Academy, is strictly prohibited, without the express written consent of the Academy and any violation of this provision by Responsible Party of Student may result in the Academy pursuing any and all remedies under Florida law or Federal law .

**Acceptance of Academy Facilities:** In consideration for Student being permitted to participate in the Academy, Responsible Party and Student hereby acknowledge, agree, and represent that he or she has inspected and carefully considered, or immediately upon entering or participating will inspect and carefully consider, the Academy’s vehicles, tennis courts, bleachers, facilities, equipment, and any other facilities used or under the control of Academy, including, but not limited to, fields, beaches, vehicles, and athletic facilities and equipment (collectively, the “Academy Facilities”). Responsible Party and Student further represent that such entry into, or on, any of the Academy Facilities to participate as a student or for observation constitutes an acknowledgment that such Academy Facilities are safe and reasonably suited for the purpose of such participation or observation.

**Release of Liability and Indemnity:** Responsible Party and Student, on behalf of himself or herself, his or her personal representatives, heirs, next of kin, minor children, and guests (collectively, the “Releasers”), hereby releases and discharges the Released Parties from, and hereby waives any and all claims of liability for personal injury, illness, paralysis, loss of life, or property damage (including theft) of any kind or nature, foreseen or unforeseen, arising out of or sustained in the course of any of the Releasers’ use of the Academy Facilities or any facilities or equipment

therein or resulting from participating in any program affiliated with the Academy, unless caused solely by the gross negligence or willful misconduct of the Released Parties. Responsible Party and Student hereby agree to indemnify and save and hold harmless the Released Parties and each of them from any loss, liability, damage, or cost they may incur due to the presence of any one or more of the undersigned in, upon, or about the Academy Facilities premises, the observation or use by the or undersigned of any part of the Academy Facilities or equipment of the Academy, or the participation of Student or Responsible Party in any program affiliated with the Academy, unless caused solely by the gross negligence or willful misconduct of the Released Parties.

**Assumption of Risks:** Responsible Party and Student represent that all exercises, drills, lessons, treatments, and use of the Academy Facilities shall be undertaken at Student’s own risk, that Student is in good physical condition, receives at least an annual medical evaluation by a duly licensed physician, and that Student is physically able to undertake any and all physical exercises and treatments provided by the Academy. Responsible Party and Student further expressly agrees that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Applicable Law:** This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, and any dispute, controversy, or claim arising out of or relating to this Agreement, the subject matter hereof, or any breach hereof, shall be brought in a court of law (whether State and/or Federal) located in Sarasota County, Florida, and if no such court of law is located in Sarasota County, Florida, then the closest location thereto. By execution of this Agreement, Responsible Party and Student accept jurisdiction or, and waive any objection to, the venue lying in the aforementioned courts, and Responsible Party and Student knowingly, voluntarily, and intentionally, waive any right to a trial by jury.

RESPONSIBLE PARTY AND STUDENT HAVE CAREFULLY READ AND VOLUNTARILY AGREE TO THIS AGREEMENT and further agrees that no oral representations, statements, or inducement apart from this Agreement have been made.

RESPONSIBLE PARTY HEREBY FURTHER ACKNOWLEDGES AND AGREES THAT THEY ARE THE LEGAL GUARDIAN OR HAVE LEGAL CUSTODY OF STUDENT AND THAT RESPONSIBLE PARTY IS LEGALLY RESPONSIBLE FOR STUDENT.

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

**Responsible Party:** \_\_\_\_\_

**Student:** \_\_\_\_\_