



Anguilla Tennis Academy

"Shaping lives and building a future since 1996"

CARDIO TENNIS CLASSES

Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Emergency Contact: _____ Phone Number: _____

PLEASE SELECT THE FOLLOWING:

Tuesday & Thursdays 6:00pm- 7-00pm

PLEASE SELECT FITNESS LEVEL:

Not Active

Moderately Active

Very Active

Can photos taken of you by members of the Anguilla Tennis Academy's team during the Cardio Tennis Classes be used by the ATA on its website or other social media for marketing purposes.

_____ Yes _____ No

SESSION PERIOD (For Office Use ONLY)

March 2021

April 2021

May 2021

June 2021

July 2021

August 2021

September 2021

October 2021

November 2021

December 2021

**RELEASE, WAIVER AND CONSENT FORM FOR
2021 CARDIO TENNIS CLASSES**

I _____ have agreed to be a “Participant” in the 2021 Cardio Tennis Classes.

By signing this statement, I acknowledge that I am aware of the activities involved in the Anguilla Tennis Academy's 2021 Cardio Tennis Classes. I hereby give my approval of my participation in any and all programs and activities associated with the Anguilla Tennis Academy's 2021 Cardio Tennis Classes. I further confirm that my health meets the physical standards for participating in the activities involved in the Anguilla Tennis Academy's 2021 Cardio Tennis Classes.

I do hereby waive, release, absolve, forever discharge, and agree to hold harmless the Anguilla Tennis Academy or the coaches and staff of the Anguilla Tennis Academy's 2021 Cardio Tennis Classes from, and against any claim or cause of action of any nature whatsoever that may be available to me, arising out of an injury, accident or illness to myself arising in any way out of or in connection with my participation in the activities of the Anguilla Tennis Academy's 2021 Cardio Tennis Classes.

In the event that I suffer from a serious or life-threatening injury for which emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member or Coach of the Anguilla Tennis Academy's Cardio Tennis Classes, to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that the Anguilla Tennis Academy's Cardio Tennis Classes will use all reasonable efforts to notify my family, where practical, prior to initiating medical treatment for any such injury. Should neither party be available, an appropriate staff person will contact appropriate medical personnel to initiate the necessary medical treatment, and I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically appropriate. I agree that medical treatment for any other type of injury may be coordinated by the Cardio Tennis Coaches in consultation with appropriate medical personnel. I understand and agree that I am responsible for all medical care expenses incurred to treat my injuries including, without limitation, physician, hospital, lab, drug and device expenses.

Signature

Date