ATA's Friday Night Lights

| The Anguilla Tennis Academy | | | | | |
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| 2020-2021 Information and Registration form. | | | | | |
| Start Date: Friday 5 th March | | | | | |
| Instructor: TBD | | | | | |
| Venue: Anguilla Tennis Academy, Blowing Point | | | | | |
| Monthly Fee: | | | | | |
| \$25.00 USD (Members) \$45.00 USD (Non Members) | | | | | |
| | | | | | |
| Every Friday | | | | | |
| 6 – 7:30 PM | | | | | |
| Comments: | | | | | |
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REGISTRATION FORM: First Name: _____ Anguilla Tennis Academy "Shaping lives and building a future since 1996 Last Name: ANGUILLA TENNIS ACADEMY (264)498-0697 Gender: www.anguillatennis.com D.O.B: _____ Address: **METHOD OF PAYMENT:** Check: Payable to the Anguilla Tennis Academy Please submit to the FLG office in the Valley or to Cash the ATA in Blowing Point Credit Card (Visa/Master Card) NB: Payment is required upon submission of registration form. Contact #'s: Home: Work: Cell: E-Mail: _____ I certify that all the information provided is complete and correct to the best of my knowledge. I confirm that my health meets the physical standards for participating in the activities involved in playing tennis. I understand that neither the Anguilla Tennis Academy nor the Coaches and staff of the facility will assume responsibility for any accidents resulting from playing tennis during my participation. I give my consent and approval for the Anguilla Tennis Academy, its Coaches and staff to act on my behalf in securing medical attention from a licensed physician or hospital. DATE: _____ SIGNATURE:

RELEASE, WAIVER AND CONSENT FORM FOR 2021 FRIDAY NIGHT LIGHTS PROGRAM

| I | have agreed to be a "Participant" in the 2021 Friday Night Lights |
|---|---|
| Program. | |
| Tennis Academy's 202 participation in any and a 2021 Friday Night Light | t, I acknowledge that I am aware of the activities involved in the Anguilla I Friday Night Lights Program. I hereby give my approval of my all programs and activities associated with the Anguilla Tennis Academy's Program. I further confirm that my health meets the physical standards activities involved in the Anguilla Tennis Academy's 2021 Friday Night |
| Tennis Academy or the Lights Program from, an be available to me, arisin | ase, absolve, forever discharge, and agree to hold harmless the Anguilla coaches and staff of the Anguilla Tennis Academy's 2021 Friday Night ad against any claim or cause of action of any nature whatsoever that may not of an injury, accident or illness to myself arising in any way out of any participation in the activities of the Anguilla Tennis Academy's 2021 gram |
| treatment may be necess Anguilla Tennis Acaden to initiate any necessary that the Anguilla Tennis notify my family, where neither party be availabl to initiate the necessary other medical personne appropriate. I agree that Friday Night Lights Pr understand and agree th | r from a serious or life-threatening injury for which emergency medical ary, I hereby authorize an appropriate adult staff member or Coach of the ny's Friday Night Lights Program, to engage qualified medical personnel medical treatment or care. In the event of such an injury, it is understood Academy's Friday Night Lights Program will use all reasonable efforts to practical, prior to initiating medical treatment for any such injury. Should e, an appropriate staff person will contact appropriate medical personnel medical treatment, and I hereby give permission to any such physician or I to provide such medical treatment such individual deems medically medical treatment for any other type of injury may be coordinated by the ogram Coaches in consultation with appropriate medical personnel. I nat I am responsible for all medical care expenses incurred to treat my but limitation, physician, hospital, lab, drug and device expenses. |
| Signature | |
| | |

Date