



GACTA MIDDLE SCHOOL TENNIS PROGRAM

2018 REGISTRATION FORM

Name of participant _____ Middle School: _____

Street Address _____ City _____ Zip _____

Date of birth _____ Current Grade _____ Gender (circle one): Male Female

Parent(s) name(s) _____

Parent(s) cell phone# (s) _____ Participant phone # _____

Parent e-mail(s) _____ Participant e-mail _____

T-shirt size (circle one): Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Tennis experience (circle appropriate): None Beginner Intermediate Advanced

Participation in USTA Jr. Team Tennis (circle one) YES NO If so, how long? _____ Last level? _____

TERMS AND CONDITIONS OF PARTICIPATION-CONSENT, ACKNOWLEDGEMENT AND RELEASE

Parents and guardians are responsible for their conduct and their child’s conduct at all practices and games. Any misconduct may result in you and/or your child’s removal from the premises and your child’s removal from the program. All misconduct will be judged from but not limited to the CODE OF CONDUCT, see attached page(s).

1. **There is a risk of injury in all sport activities. I acknowledge that I am aware and that I have made my child aware of risks and hazards connected with these activities, including the risk of severe physical injury and other physical hazards, and that there may be risks and hazards unknown to me or my child.** I understand that there are certain inherent risks to my child in athletic participation that cannot be avoided or eliminated despite reasonable care in providing this activity. I choose to accept any and all responsibility for my child’s and my own safety and welfare when participating in these sports activities. Parents/guardians are encouraged to observe practices and games to assure safe conditions.

2. On behalf of myself and my child, our heirs, executors, legal representatives, administrators and assignees, I do hereby release and forever absolve the Gainesville Area Community Tennis Association, its officers, committees, representatives and their successors and assigns; Jonesville Tennis, LLC, its officers, committees, representatives and their successors and assigns; “Middle School Tennis Program”, program staff and employees, the Tennis Parent Coordinator, all Program Volunteers, including Volunteer Teaching Professionals and Student Teaching Volunteers, agents and representatives; as well as Alachua County, Westside Tennis and the City of Gainesville, from any and all actions, causes of action or liability, for personal injury, damage, loss of property, wrongful death, or other losses or injuries, arising out of, by reason of, or in any manner resulting from, which may be suffered or sustained by myself and/or my child, in connection with my activities or my child’s activities during the period of voluntary participation in this athletic program, any period traveling to and from the events described, or while I and/or my child are on the property of Howard Bishop Middle School, Haile Tennis, Oak Hall School or other properties where tennis instruction and/or competition is held. All claims are hereby waived and released, and I covenant not to sue as a result of any injury or damage as set forth herein.

3. I understand that part of any risk involved in undertaking any athletic activity is relative to my child’s own state of health and fitness and I acknowledge that my child has no physical condition or limitations that would prevent him/her from safely participating in these activities. In the event of the injury or illness of my child or myself during attendance at or

participation in the Middle School Tennis Program, I give my consent for emergency medical treatment to be rendered and I agree to be responsible for all costs associated with my child's or my own medical transportation and/or treatment.

4. I grant the parties to this release the right to photograph and/or videotape my child and to use such photos/video in connection with, publicity, advertising, promotional materials without reservation or limitation, including social media.
5. In the event of any litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's participation in Middle School Tennis Program, such action shall be filed in the Alachua County, Florida, Circuit Court; any resulting legal fees and costs shall be taxed against the opposing party and in any event shall not be taxed as to Middle School Tennis Program, Program Staff and Employees, the Tennis Parent Coordinator, all Program Volunteers, including Volunteer Teaching Professionals and Student Teaching Volunteers, agents and representatives, regardless of the outcome of said action.
6. No player may participate in the middle school tennis program until this registration form and the medical release form has been completed and returned, along with registration fee.
7. This activity is neither sponsored nor endorsed by Alachua County Public Schools.

Please pay the \$55 registration fee by cash, check (Checks to GACTA) or online at www.gainesvilletennis.org.

I hereby give consent for my child/ward to participate in the Middle School Tennis Program and/or afterschool tennis program. **I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

_____ Date _____
Signature of Parent or Guardian Printed Name of Parent or Guardian (with legal custody)

MEDICAL INFORMATION AND RELEASE

NOTE: This form is required for participation in the GACTA middle school tennis program.

Name of participant _____
Date of birth _____
Address _____ City _____ State _____ Zip _____
Home phone _____ Cell phone _____

EMERGENCY CONTACT INFORMATION:

Name _____
Relationship _____
Best phone # to contact _____ circle one: Cell Business Home
Alternate phone # _____ circle one: Cell Business Home

PARTICIPANT'S PHYSICIAN

Name _____
Office phone # _____

MEDICAL HISTORY (please circle any of the following problems that may apply):

Asthma	Diabetes	Eye trauma or limited vision
Seizures or fainting spells	Headaches/migraines	Severe anxiety or depression
Heart condition	Sickle cell disease/trait	Attention Deficit Disorder
Hemophilia/Bleeding disorder	Concussions	Other _____

INSURANCE INFORMATION

Company _____ Company phone _____ Policy # _____
Name insured _____ If NO insurance, please check _____

ALLERGIES (please list any that apply)

Medicine _____

Insects _____

Food/Peanuts _____

Other _____

No known allergies _____

Has your child EVER had a **severe allergic reaction**? (circle one) YES NO

If so, does your child carry an EpiPen prescribed by his/her doctor? YES NO

MEDICAL CONSENT & LIABILITY RELEASE

I fully understand that should I, or my child, require medical assistance or treatment, the Middle School Tennis Program or afterschool tennis program does not employ any professional medical staff including physicians or other health care personnel. Any Employee, Representative, Teacher or Volunteer of Middle School Tennis Program, even if a licensed health care professional, who responds to a medical emergency and renders emergency medical care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment in the course of this program would therefore be acting in good faith as a Good Samaritan according to usual acceptable and reasonable medical practices and Florida law and would be immune from civil liability.

I fully understand that the physician(s) and other health care personnel will be acting in good faith according to usual, acceptable medical practice I understand that every attempt will be made to contact the emergency contact listed in the event of an emergency. I hereby grant permission for the staff/volunteer to obtain emergency treatment, medical care, surgical care or appropriate medications that might be necessary.

In accordance with the above, I agree not to bring legal action or suit against the Middle School Tennis Program, its Employees, Staff, Representatives, Teachers or Volunteers; Gainesville Area Community Tennis Association, its officers, committees, representatives and their successors and assigns; Jonesville Tennis, LLC, its officers, committees, representatives and their successors and assigns; Westside Tennis, its officers, committees, representatives and their successors and assigns; Haile Tennis, its officers, committees, representatives and their successors and assigns; The Tennis Facility and its Employees, Staff and Volunteers; any physician(s), emergency or other health care personnel, regarding emergency care, injury, loss or damage to myself, my child or my property while participating in the Middle School Tennis Program.

I understand that in case of emergency, every attempt will be made to reach the emergency contact listed in this paperwork as soon as possible. In the event of an injury, illness or emergency involving my child or myself during attendance at or participation in the Middle School Tennis Program, I hereby grant permission for the staff/volunteers of Middle School Tennis Program to provide for and/or obtain emergency medical treatment, medical care, surgical care, or medication that is necessary and appropriate for the treatment of my child or myself. I furthermore agree to be responsible for all costs associated with my child's or my own medical transportation and/or treatment.

I have read, completed, and understand all of the conditions of the Medical and Liability Releases.

Signature of Parent/Guardian (with legal custody) _____ Date _____

Printed name

Method of Payment:

Check _____

Cash _____

Online (www.gainesvilletennis.org) _____ **Please note student's name on online payment.**