Medical Conditions / Medications:

Please list any medical conditions that may affect your tennis play or activity during this clinic. Due to high heat temperatures or because of body changes below: (A physician **form** may be required for medical conditions).

I certify that _____I **do** have medical concerns. _____I **do not** have medical concerns.

**** List any additional information on back of form if needed.**

_____

_____

_____

_____

_____

_____

If a player misses any day at the clinic, there will be no make-up time provided. However, we will provide make-up dates for any missed or changed clinic days by the instructor because of weather conditions, schedule conflicts etc.

I, hereby, release John McLean - Instructor, staff and all affiliate instructors, the Durham-Orange Community Tennis Association, Duke University, East End Tennis Courts, Rock Quarry Tennis Courts, Whippoorwill Park Tennis Courts, Durham Parks and Recreation, USTA and all affiliates from any all responsibilities for illness or injury while traveling to and from; and participation in the Indoor Tennis Clinic.

_____ _____

Signature of Participant: Date

Print Name: _____

_____ _____

Print Name and Signature of Parent/Guardian (if under 18) Date

Signature: _____