

Durham-Orange Community Tennis Association

2022-2023 Adult/Junior Clinic Registration Form

Name _____ D.O.B. _____ Age _____

Address _____

City _____ State _____ Zip _____

Home # _____ Cell# _____ Office # _____

Email Address _____ @ _____

School Attending _____ Grade _____

Check: Advanced Player _____ Intermediate Player _____ NTRP _____ UTR Rating _____

Payable: (DOCTA) Durham-Orange Tennis Association or **Venmo:** John McLean@John-McLean_63; P. O. Box 61245, Durham, NC 27715. ****All fees are due before or on the day of the first program.**

Indoor Adult/Juniors Fridays - 9:00 pm-10:30 pm - \$375.00

____ Session IV: **November 4, 2022 to March 24, 2023 (12 weeks)** - Duke Indoor Tennis Facility I, hereby, release the Durham-Orange Community Tennis Association, Durham Parks and Recreation, Duke University, USTA, Whipoorwill Park, Rock Quarry Park, East End Park and all affiliates from any all responsibility for illness or injury during and while traveling to and from; includes all participation in the above clinics.

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 as a result of body changes below: (A physician **form** may be required for medical conditions). I certify that I **do** have medical concerns or

____ I **do not** have medical concerns. **List any additional information on back of form if needed.**

If a player misses any days of 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 as a result 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, Whipoorwill 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: _____