

Oregon Tennis Adult Clinic

Application form

MAIL TO: OREGON TENNIS CAMPS, JONAS PIIBOR, 2727 LEO HARRIS PARKWAY, EUGENE, OR 97401

Camper Information

Name: _____

Address: _____

Phone number: _____ Email: _____

Insurance Information (must be completed in full) -Participants must have active health insurance

Medical Insurance Company: _____

Insurance Company Address: _____

Insurance Policy #: _____

Group #: _____

I.D. #: _____

Please check appropriate boxes:

Adult Beginner Clinic - August 22

- Women 5:00-6:30P This clinic is designed to work with individuals who are starting to get into tennis and want to be able to enjoy the game of tennis recreationally. The focus of the clinic is on proper technique and court positioning. The individuals will also receive a moderate amount of cardiovascular fitness.
- Men 6:30 - 8:00PM

Adult Intermediate Clinic - August 23

- Women 5:00-6:30PM This clinic is designed to teach individuals how to develop certain strategies on court; when and how to specific shots in order to develop a winning point. Drills that will maximize strategic development will be used as well as some technique work.
- Men 6:30 - 8:00PM

Adult Advanced Clinic - August 24

- Women 5:00-6:30PM This clinic is designed to focus point on individuals that are competing on a somewhat regular basis. The focal point will be on the physical game of tennis such as learning the most efficient footwork and body movement on the court.
- Men 6:30 - 8:00PM

Payment Tuition: \$30

Circle your method of payment:

CASH (Before start of clinic)

VISA

MASTERCARD

CHECK

Cardholder's Name: _____

Credit Card Number: _____ Verification Code: _____

Expiration Date: _____ / _____ Today's date: _____ / _____ / _____

Total amount: \$ _____

Signature: _____

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- Make checks payable to: **University of Oregon Adult Tennis Clinic**

2011 UNIVERSITY OF OREGON ADULT TENNIS CLINIC

PARTICIPANT MUST READ AND SIGN THE FOLLOWING RELEASE IN ORDER TO REGISTER AND ATTEND THE OREGON ADULT TENNIS CLINIC.

Liability Release and Assumption of Risk Disclaimer

(Please read thoroughly and sign)

(1) RELEASE FROM LIABILITY: I hereby waive, release, and discharge any and all claims for damages for death or personal injury which I may have, or may hereafter accrue to me in said clinic.

(2) ASSUMPTION OF RISK: I understand that serious accidents occasionally occur during participation in the sport of TENNIS, and that people playing, practicing, or training in preparation to participate in the sport of TENNIS occasionally sustain mortal or serious personal injuries as a consequence. Knowing the risks of TENNIS I hereby agree to assume all of those risks and to release and hold harmless UNIVERSITY OF OREGON ADULT TENNIS CLINIC, and its officers, directors, independent contractors, agents, and employees, who, through negligence or carelessness, might otherwise be liable to me, the participant or his/her heirs or personal representative for damages. I make this assumption of risk on behalf of myself and agree to this assumption by signing below.

(3) SEVERABILITY: Any provision of the LIABILITY RELEASE AND ASSUMPTION OF RISK that is adjudged invalid or unenforceable shall be ineffective to the extent of such invalidity or unenforceability without rendering invalid or unenforceable the remaining provision of this LIABILITY RELEASE AND ASSUMPTION OF RISK.

(4) OREGON LAW: This LIABILITY RELEASE AND ASSUMPTION OF RISK and all resulting rights and duties of the parties hereto shall be governed as to validity, enforcement, construction, effect, and in all other respects by the local law of the State of Oregon. As used herein, the phrase "local law" means the whole Law of Oregon, excluding statutes and decisions dealing with the rules of conflict of laws. I understand that I must have current and active medical insurance before I can attend clinic. My personal medical insurance will be considered primary coverage. I hereby register the Oregon Adult Tennis Clinic. I have no medical or emotional problems that may affect my ability to safely participate in your program. I will not hold the Oregon Adult Tennis Clinic liable for any injuries while I participate in the clinic.

By signing this, I verify that I have read and accepted all administrative policies that are set forth by University of Oregon Adult Tennis Clinic

Signature of Participant: _____

Date: _____