

CLTA Vermont Camp Medical Form and Waivers

Player Name _____ Age _____ BDate _____ M ___ F ___

Grade in Fall _____

Address _____

City _____ State _____ Zip _____

Player's Email Address _____

Player's Cell Phone _____

Legal Guardian's

Name _____

Address (if different from above)

Home Phone _____ Cell Phone _____

Emergency Contact & Phone _____

E-mail Address _____

Medical Insurance Company & Policy

Number _____

Training for high performance sports can be physically, mentally and emotionally strenuous. Please discuss the program with your child's physician to ensure that your child is physically, emotionally, and mentally healthy and capable of participating in the CLTA training. Your child's physician's approval is required before he/she can participate in this academy. Please fill out the information below and sign. Your son or daughter will not be allowed to practice without the doctor's physical from the last 12 months. Please attach a copy of a recent physical, signed by a doctor, to this waiver.

Current Medications (including psychiatric)

Please check the following areas of concern for this student:

Allergies:

Hay Fever _____ Foods (please list) _____ Insects (please list) _____

Other _____

Drugs (please list) _____

Allergic reaction _____

Does the student suffers from or has ever experienced or is currently being treated for:

Asthma _____ Epilepsy/Seizure Disorder _____ Heart Trouble _____ Diabetes _____

Should this student's activities be restricted for any reason? Yes ____ No ____

If yes, please

explain _____

Does the student have any medical, physical, or psychological disorders, impairments or recent life changes that the coaches at CLTA should know about and consider in the training of the student? Please explain:

Pediatrician's Name _____ Phone _____

MEDICAL RELEASE:

I hereby authorize the treatment of the above minor by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed, while said child is participating in a CLTA program including transportation to and from that program. This authority is granted only after a reasonable attempt has been made to contact the parent or legal guardian. _____ *Initial*

HIGH PERFORMANCE/ADVANCED TECHNIQUES RELEASE:

I hereby authorize Chris Lewit and his staff to teach advanced tennis training techniques, which include, but are not limited to, power, kick and twist serves, open stance modern ground strokes, advanced footskills, and other modern/advances techniques that may be more stressful on the body than traditional, classic skills.

The undersigned and/or minor of the undersigned realizes that the undersigned and/or minor of the undersigned may incur personal injury or bodily damage while learning advanced training techniques, and acknowledges that CLTA, its actions, claims, costs, expenses, damages of any kind, growing out of, or related to any activity of CLTA in which the undersigned and/or minor of the undersigned participates, is not liable. The undersigned and/or minor of the undersigned further acknowledges that this is a full and complete release of all injuries and damages which the undersigned and/or minor of the undersigned may sustain as a result of participation in any CLTA advanced technical training.

CLTA recommends all students participate in a structured stretching and strengthening program to minimize the risk of any potential injury from learning advanced techniques and training for high performance tennis. Chris Lewit and the staff of CLTA are available to discuss techniques and injury prevention with you and your player at any time.

-----*Initial*

PERSONAL BELONGINGS RELEASE:

I realize that CLTA is not responsible for personal belongings, including tennis racquets and/or personal items left on the courts. _____ *Initial*

STUDENT CONDUCT RELEASE:

Players are expected to behave with propriety at all times. In the event of inappropriate student misconduct, I authorize the staff to send my student home at my expense and with no refund.. _____ *Initial*

GENERAL RELEASE:

The undersigned, and/or minor of the undersigned desires to participate in various tennis programs, events or activities (here in after collectively referred to as activities) operated or sponsored by CLTA.

The undersigned and/or minor of the undersigned realizes that the undersigned and/or minor of the undersigned may incur personal injury and/or bodily damage while participating in such activities, and acknowledge that CLTA, its actions, claims, costs, expenses, damages of any kind, growing out of, or related to any activity of CLTA in which the undersigned and/or minor of the undersigned participates, is not liable. The undersigned and/or minor of the undersigned further acknowledges that this is a full and complete release of all claimed injuries, whether considered mental, emotional or physical in nature and damages which the undersigned and/or minor of the undersigned may sustain as a result of participation in any CLTA programs and activities.

_____ *Initial*

I, _____ being the legal guardian of _____ have read all of the above releases, acknowledge the aforementioned risks, and hereby give my permission for him/her to go, train, travel to and participate in any tennis-related events under the direction of CLTA and Chris Lewit

Date _____ Signed _____

If 18 or older, please sign below:

Date _____ Signed _____

This waiver is valid from the start date of my/my child’s participation with Chris Lewit Tennis. I will supply CLTA with an updated physical every year and an updated form should any of the information above (address, emergency contacts, medical conditions, etc) change.

Date _____ Signed _____

CODE OF BEHAVIOR AND WORK ETHIC:

CONTRACT BETWEEN STUDENT/PARENT AND CHRIS LEWIT

Chris Lewit, the “coach” reserves the right to ask the player to leave the academy at any time for the following reasons:

1. Unacceptable lack of focus, hard work, footwork, hustle, and/or follow through on homework assignments on the part of the student.
2. The student **or parent** of the student showing disrespect or rudeness to Chris Lewit or any of his coaches.

3. The student displaying consistent poor sportsmanship, such as cheating, tantrums, angry displays, rudeness to opponents and/or officials, etc, at tournaments, which could negatively reflect on the reputation of Chris Lewit.

4. For any other valid and legitimate reason that the coach deems justified to end the coaching relationship with the student.

Chris Lewit will make reasonable attempts to notify the parents of unacceptable behavior so that the parents, student and Chris Lewit can work to resolve the issue.

If for any of the above reasons Chris Lewit decides to ask the player to leave the academy, **the player will not be entitled to a refund of any payments made.**

I understand this Code and Contract and hereby waive my rights to a refund if I or my player engages in any of these behaviors

Signature of Parent or Guardian _____

Signature of Player _____

Date _____

Media policy

As both coaches and parents we understand the complexity surrounding media and internet use. It is our policy and goal to foster a healthy and safe environment for all players. We ask that players do not use their cell phones during training hours and while at the club.

Our coaches and counselors will generally have cell phones with them at all times and kids can freely use them to call home. The club also has a phone that is fully available for students and parents to communicate. Players can use their personal devices at the Inn during non-training hours.

Lastly, we maintain a strict media policy for our coaches and counselors that limits their use of their cell phones for personal use during academy and supervision times.

I understand this Media Policy and agree to abide by it

Signature of Parent or Guardian _____ Date _____

Swimming Release

Chris Lewit Tennis Academy offers swimming daily in local town and state supervised swimming holes including lakes and also maintains a swimming hole in the West River on its property. All swimming will be supervised by CLTA coaches and counselors and at least one certified lifeguard.

I hereby give my player permission to swim at camp. His or her swimming level is:

Cannot swim _____

Beginner _____

Intermediate _____

Advanced _____

Signature of Parent or Guardian _____ Date _____

Permission for player to participate in weekend excursions or field trips and ride in our van:

I agree and my child agrees to abide by all rules and safety precautions relating to any excursion or field trip activity. I am aware that during this trip certain risks are inherent. I understand that this field trip activity may involve certain conditions, hazards and potential dangers, including those associated with traveling in the above chosen method of travel or those associated with the facilities or property where the field trip will occur or whether the dangers are open and obvious or concealed. Any questions which have occurred to me have been answered to my satisfaction. I am participating in these activities of my own free choice. My signature acknowledges that I have been informed of the reasonably expected hazards associated with the field trip in which my child will be participating. I further agree to accept responsibility for any negligent, willful, or intentional act of my child and as a result will indemnify and hold harmless the Chris Lewit Tennis Academy for all costs, damages and attorneys fees. In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child. I authorize emergency medical treatment for my child in the event of accident or illness during this field trip or excursion.

Signature of Student _____

Signature of Parent or Guardian _____

Permission to be Photographed and/or Filmed

I hereby give permission for my child's image--both in videographic and photographic form--to be used in promotional advertising for CLTA.

Signature of Parent or Guardian _____