

## **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 **medical permission 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.**

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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 only 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, 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 Parent/Guardian (if under 18)**

\_\_\_\_\_  
Date

Parent/Guardian Signature \_\_\_\_\_