



800 McKenzie Ave
 Bellingham, WA 98225
 360-733-5050
 www.bellinghamtennis.com

Information Form & Waiver

*Required for enrollment in programs and/or use of Club.
 To be completed by parent or guardian when participant is under 18 years old.
 One form per person. We like it when you print neatly.*

TODAY'S DATE: _____

Participant's Name: _____ Birthdate: _____ Gender: _____
 First MI Last

Email: _____ Phone: H) _____ W) _____ C) _____

Address: _____ City: _____ Zip: _____

EMERGENCY CONTACTS: *In case of emergency, the following people will be contacted if parent or guardian cannot be reached.*

Name: _____ Relation: _____

Phone: _____ Email: _____

Doctor: _____ **Phone:** _____

ALLERGIES

List possible allergies: (food, drugs, insect, other) _____ List possible reactions: _____

List all health conditions that may affect the participant's ability to participate:

ACCEPTANCE OF RISK/WAIVER OF LIABILITY

Participant agrees and represents that the playing of tennis and/or any other sport, all exercises, and the use of all the Bellingham Tennis Club LLC's (Club) services and facilities shall be undertaken at Participant's own risk, that he/she is in good physical condition and physically able to undertake any and all physical exercise and services/ classes provided by the Club and that the Club and/or its agents and employees, shall not be liable for any claims, demands, injuries, damages, actions or causes for action, whatsoever, to a Participant or his or her property arising out of, or connected with the use of any of the services and/or facilities of the Club or the premises where the same is located. Participant does hereby expressly forever release and discharge the Club, its agents, and employees, and shall indemnify and hold the same harmless from all such claims, demands, injuries, damages, actions or causes of action. **Participant understands that the Club from time to time takes pictures of its members and participants in programs. Participant gives consent for the Club to use images with Participant named above for use on its web site, in promotional brochures, or in Club advertisements.**

CANCELLATION POLICIES: *Please note that exceptions to these policies may be specified in particular programs & events.*

Programs: For all programs, price includes a \$10 Non-refundable processing fee. No refunds will be made for cancellations made one-week or less from the first day of the program. **Tennis Lessons & Personal Training:** Full refunds will be made for cancellations made 48 hours or more ahead of the scheduled service. Cancellations made less than 48 hours ahead will incur a full charge for the service because we have reserved the time only for you, our instructors have prepped their lesson and reserved their time specifically for you. Failure to cancel (a "No-Show") results in a full charge. **Tennis Court Reservations:** A late cancellation (fewer than 24 hours ahead of the scheduled playing time) will result in a \$5.00 fee for the Member who booked the court (Player 1) or the Member who is cancelling their play. No-Shows result in a \$10.00 fee for each Member whose name appears on the reservation. **Tournaments:** No refunds after the draw is made. **Socials, Special Member Clinics, and Club Events:** Full refunds will be given for cancellations made a minimum of 48 hours ahead of the event or program start unless otherwise stated in the registration process. Cancellations made less than 48 hours from the start of the event or program will result in a full charge. No-Shows result in a full charge. As you can imagine, most of our socials or events are planned for the people who have signed up. Please respect your fellow Members by cancelling in advance of 48 hours so that the event can be appropriately planned.

Signature of Participant, or if under 18 years old, Parent/Guardian

Date

Please also complete this section for participants under 18 years old

Mother's Name: _____ Email: _____ Home Phone: _____

Name of Work Place: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Email: _____ Home Phone: _____

Name of Work Place: _____ Work Phone: _____ Cell Phone: _____

I understand and agree that as the parent/guardian for my child (name) _____, I am responsible to bring my child into the Bellingham Tennis Club or off-site program location and directly to the court or location of program, and then pick him/her up directly from his/her class. Bellingham Tennis Club cannot supervise and/or be responsible for the students outside of class session.

Parent/Guardian Signature

Date

-PLEASE COMPLETE OTHER SIDE-

Name: _____ Date: _____

Physical Activity Readiness Questionnaire

For most people, physical activity should not pose any problem or hazard. This questionnaire has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and circle the "yes" or "no" opposite the question if it applies to you.

1. YES NO Has your doctor ever said you have heart trouble?
2. YES NO Do you frequently have pains in your heart and chest?
3. YES NO Do you often feel faint or have spells of severe dizziness?
4. YES NO Has a doctor ever said your blood pressure was too high?
5. YES NO Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
6. YES NO Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
7. YES NO Are you over age 65 and not accustomed to vigorous exercise?

If you answered YES to one or more questions...

If you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity and/or taking a fitness test.

If you answered NO to all of the questions...

If you answered this questionnaire accurately, you have reasonable assurance of your present suitability for an exercise program.

How did you hear about the Club?

Newspaper Mail Email Magazine Radio Website Phonebook

Referred by: _____

Other: _____

What are you most interested in Fitness Tennis Both. What else should we know?

Have you exercised regularly in the last 3 months? _____ per week. What kind of exercise?

Do you have any injuries or health issues we should know about?

If you could snap your fingers and change two things about your fitness &/or tennis, what would it be?

~Thank You!~