



General Registration Form

Player Name: _____ Parent/Guardian(if applicable): _____

Phone #: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Please do not contact me via *TEXT* messaging *As a service KGTA sends text message notifications and reminders to all players & parents. Should you wish to opt out of this service, please be sure to check the box above. *

Emergency Contact Information

Contact Name: _____ Relationship: _____

Phone Number: _____ Alt. Number: _____

Health Insurance Information

Carrier Name: _____ Phone Number: _____

Group Number: _____ Policy Number: _____

Subscriber Number: _____

Preferred Hospital (in case of an emergency): _____ City: _____

Phone Number: _____ Doctor's Name (if known): _____

Medical Conditions and Medications

Asthma Diabetes High Blood Pressure Heart Disease Other: _____

Any Known Allergies? Y / N (please circle one) If yes, please list any accomidations/medications needed: _____

Medical/Injury Waiver

This is to certify that I, _____, in the event of a medical emergency give the Kim Grant Tennis Academy staff the authority to act on my behalf if any medical care is needed. This includes, but is not limited to, first aid, injury prevention, emergency transportation, medication administration and/or any on-site care. I also understand that by signing this form I realease the Kim Grant Tennis Academy of all liability both on and off court.

Academy Policies:

- In the event of a rain out, a credit will be issued back onto your Kim Grant Tennis Academy account in the amount of the clinic cancelled.
- Cancellation due to *illness* or *travel* will be excused *ONLY* if KGTA is notified **24hrs. in advance**.
- **Make-ups** can be done any day of the week but must be completed **PRIOR** to the end of the semester. Make up clinics can be scheduled up to 1 week in advance but no later than 24hrs before the start of the desired clinic. These make ups will NOT be rolled over into the next semester.
- **The Kim Grant Tennis Academy does not offer refunds for any unused/ missed/ or surplus clinics.**

Parent/Guardian Signature: _____ Date: _____

How did you hear about us?

Yelp Friends/Family Popluar Search Engine Other : _____

* Whom can we acknowledge for the referral? _____