



DYNAMIC TENNIS ACADEMY



PROGRAM ENROLLMENT

&

HEALTH HISTORY & RELEASE FORM

Students Name: _____

Sex: _____ Age: _____ Ht. _____ Wt: _____ Birthdate: _____

Tennis History: (Beginning/Recreational/Competition) _____

Current Competitive Level _____ GA/STA Rank _____

Please notate the training session (season/month/week) period that your child will be attending.

Program Name & Season: _____

HEALTH HISTORY

IF THE PLAYER SHOULD BE RESTRICTED FROM ANY ACTIVITY, PLEASE NOTE:

If the player will be taking medication during training, please indicate name of drug and dosage:

Please identify any medical condition or history which would require special attention:

Has the player had any of the following? (Please circle for YES): Asthma, Diabetes, Low blood sugar condition, High Blood Pressure, Pneumonia or Breathing / respiratory condition.

PLEASE LIST ANY ALLERGIES OR FOOD/DRUG REACTIONS

Parent / Guardians Name _____

Email Addresses _____

Home Address _____

Home Phone _____

Emergency Phone _____

Release of Liability for Dynamic Tennis Academy _____
(Parental / Guardian Signature Required)