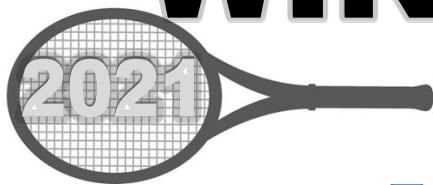


WINTER TENNIS



**AVON COMMUNITY
TENNIS ASSOCIATION**

@ University of Indianapolis



Sign Up By November 1st 2021

AGES :

Open to all youth ages 12-18 years old.

DATES:

9-- Saturdays Noon to 2 PM

November: 13th, 20th

December: 4th, 18th

January: 8th, 22nd

February: 5th

March: 5th, March: 12th

3-- Fridays 6 PM to 8 PM

January 14th

February 11th & 25th

Cost

University of
Indianapolis
Winter Membership

12 Clinics

Follow us on
Twitter
@Avontennis
Weather Related Info
Concerning
Cancellations

\$125 (Due November 1st)
(Make Check Payable to U. of
Indianapolis Tennis Facility)

COST: \$350 (Online)
[Avon Community Tennis Association
- Programming / Course \(usta.com\)](https://www.usta.com/programs/avon-community-tennis-association)

Or \$330 Cash
(Please hand deliver cash payments)

Snow Cancellations will
only be made up if the
complex is closed by
management.

LOCATION:

University of Indianapolis
2727 National Ave, Indianapolis, IN 46227

Give to:

Coach Mize: Avon High School
7575 East County Road 150 South
Avon, IN 46123
EMAIL: RAMize@avon-schools.org





UNIVERSITY OF INDIANAPOLIS TENNIS CENTER JUNIOR MEMBERSHIP AGREEMENT

2727 NATIONAL AVE. INDIANAPOLIS, IN 46227

(317) 788-7700

www.uindytenniscenter.com

☐ CHECK HERE IF RENEWAL, ONLY ENTER CHANGED INFORMATION

JUNIOR PLAYER NAME _____ BIRTHDATE _____
(MM/DD/YYYY)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ - _____

CELL PHONE (_____) _____ - _____

EMAIL ADDRESS _____

FOR OTHER JUNIOR FAMILY MEMBERS (Full Family Membership requires different form)

_____ AGE _____ BIRTHDATE ____/____/____

_____ AGE _____ BIRTHDATE ____/____/____

_____ AGE _____ BIRTHDATE ____/____/____

This

Junior Tennis Member \$125.00 each Junior Court Fee \$14.00 hour or portion thereof

membership allows the junior player to participate in clinics and lessons as authorized by the
UIndy Tennis Center and to book and use court time.

This membership does not allow for lessons or coaching by others not registered with the UIndy Tennis Center.

Outside coaches and instructors must register with the Director of Tennis before teaching.

Adult/Guardian Signature _____ **Relationship** _____

Adult/Guardian Printed _____ **Date** _____

**This signature acceptance of the Terms of Membership and the Waiver of Liability
on the reverse side of this form and posted at the front desk at the UIndy Tennis Center.**

FOR OFFICE USE ONLY

DATE ENTERED ____/____/____ **Membership #** _____

Paid: CC: _____ **Cash:** _____ **Check#:** _____

TERMS OF MEMBERSHIP

I hereby apply for membership at the University of Indianapolis Tennis Center. I understand that this application is subject for review and approval of the club management. Upon acceptance of this application the undersigned shall receive membership rights and agrees to abide by all the

rules and policies of UIndy and UIndy Tennis Center. I understand that my membership may be terminated by UIndy if I am in violation of the club rules, regulations, policies, conduct myself in a manner which is deemed inappropriate or disruptive to other members, or make false representation of information contained in this application. I will not be entitled to any refund of the enrollment fees or dues paid up to the date of termination. Upon termination of my membership I am responsible for any outstanding balance due. The UIndy Tennis Center may be closed during certain legal and non-legal holidays, and restrict hours based on court utilization. Use of the club or facilities is also subject to interruption for needed repairs and maintenance.

WAIVER OF LIABILITY

The University of Indianapolis Tennis Center shall not be held responsible or liable by any member or guest for injury to person, or damages or loss of property for any reason. The undersigned is familiar with the risks and perils inherent in sport activities such as are conducted here at the UIndy Tennis Center, and further the undersigned is undertaking such sports activities; therefore, in consideration of being permitted to become a member or guest of the UIndy Tennis Center, the undersigned hereby voluntarily assumes all risks of personal of personal injury, property damage, and/or participation in any of these sports activities sponsored by the Tennis Center, and further the undersigned hereby releases the UIndy Tennis Center and its officers, agents, and employees from every claim, liability, or demand of any kind or on account of personal injury, property damage, or other damages resulting from or in any way associated with the undersigned's entry upon property of the UIndy Tennis Center and participating in said sport activities. Further, the undersigned confirms that he/she has read and understands this release.



WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMNIFICATION AGREEMENT

As a result of the highly contagious novel coronavirus, COVID-19, the Avon CTA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending and participating in tennis tournaments, winter clinics, summer camps, private or semi-private lessons could increase your risk and your child(ren)'s risk of contracting COVID-19. You and/or your child(ren)'s participation and attendance at an activity is voluntary. Further, you and your child(ren) are required to abide by directives designed to lower the risk of COVID-19 exposure which may include wearing masks, social distancing (6 feet apart), washing hands, non-sharing of equipment, wiping down all shared equipment after each use, limitations on spectators, etc. These directives will be provided to you/your child(ren) by the Avon CTA via in person instruction, email, CDC guidelines. If you fail to follow these directives, you will forfeit you and your child(ren)'s right to continued participation in the activity. In consideration of being allowed to participate in the activity the undersigned acknowledges, appreciates, and agrees that: 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Avon CTA, their officers, Avon School Corporation, all AVON ATHLETIC DEPARTMENT officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____ Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18) This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, I and my child/ward understand and accept these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____