

Durham-Orange Community Tennis Association
Adult Doubles Team Clinic
August 23 – September 20, 2019 (4 Sessions)

Name _____

Address _____ Email _____

City _____ State _____ Zip _____

Home # _____ Cell _____

_____ beginner _____ intermediate _____ advance player <> Adult Only: NTRP Level _____

Partner's Name _____

Address _____ Email _____

City _____ State _____ Zip _____

Home # _____ Cell _____

_____ beginner _____ intermediate _____ advance player <> Adult Only: NTRP Level _____

Medical Conditions/Medications: Please list any medical conditions that may affect your tennis play or activity during this clinic. Please list any medications taken that may affect your tennis play or activity during this clinic due to high temperatures or as a result of body changes below: (A physician note may be required based on medical conditions). I certify that _____ I **do** have medical concerns or _____ I **do not** have medical concerns.

Conflict Days: If a player misses any days of the clinic, there will be no makeup time provided. However, we will provide make up dates for any missed or changed clinic days by the instructor as a result of weather conditions, schedule conflicts etc.

I, hereby, release John McLean - Instructor, staff and all affiliate instructors, the Durham-Orange Community Tennis Association, Southern School of Energy and Sustainability, USTA, STA, NCTA and all affiliates from any all responsibilities for illness or injury while travel to and from; and participation in the above clinic.

Signature of Participant _____

Print Name _____ **Date** _____

Signature of Partner (if applicable) _____

Print Name _____ **Date** _____

Office Use Only: Check# _____ **Money Order** _____ **Cash** _____

Registration Received by: _____ **Date** _____

Please mail & make checks payable to DOCTA, P.O. Box 61245, Durham, North Carolina 27715.