



Anguilla Tennis Academy

2019-2020 ATA After School Tennis Program

Date:

Venue: Anguilla Tennis Academy Blowing Point

Cost: US\$75.00 per month/\$50 each additional child in the same household

Deposit: US\$50.00 deposit per child is required to secure your child(ren) spot.

Ages: 5 -17

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Gender \_\_\_\_\_ Address \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Home phone: \_\_\_\_\_ work: \_\_\_\_\_ Playing Experience: 1yr\_\_\_\_, 2yrs\_\_\_\_ more\_\_\_\_\_

Cell: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency contact: Name \_\_\_\_\_

Phone # \_\_\_\_\_

Medical conditions:



Return this section to the Administration Office of the ATA or the Fleming Lake Group Office.

\*\*\*\*\*There is limited availability so please sign up promptly!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Children will receive a high level of instruction from extremely dedicated tennis professionals who specialize in working with children. This is a year long program dedicated to enhancing and enriching lives through the sport of tennis. The children will also have opportunities to play in tournaments on and off island. If you would like more information on our mission and philosophy to children and teaching, please visit our website at www.anguillatennis.com.

Sessions

<b>Peewee's Group</b>		<b>Future Stars</b>	<b>Peewee's Group</b>		
Monday	3:30 – 4:30 pm	Monday	4:30 – 5:30 pm	Tuesday	3:30 – 4:30 pm
Wednesday	3:30 – 4:30 pm	Wednesday	4:30 – 5:30 pm	Thursday	3:30 – 4:30 pm
Friday	3:30 – 4:30 pm	Friday	4:30 – 5:30 pm	Friday	3:30 – 4:30 pm

<b>Rising Stars</b>		<b>Ground Strokes &amp; Tournament Group A</b>	
Tuesday	4:30 – 5:30 pm	Thursday	4:30 – 5:30 pm
Friday	4:30 – 5:30 pm	Tuesday	4:30 – 5:30 pm
		Thursday	4:30 – 5:30 pm
		Friday	4:30 – 5:30 pm

For more information, contact the Anguilla Tennis Academy at 498-0697 or info@anguillatennis.com

Please make a special effort to be current with payments as a strict payment policy will be enforced. Thank You.

Emergency Contact List

Child: \_\_\_\_\_

Mom's name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone numbers \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Notes (regarding schedules, etc):  
\_\_\_\_\_  
\_\_\_\_\_

Dad's name: \_\_\_\_\_

Email Address \_\_\_\_\_

Phone numbers \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Notes (regarding schedules, etc):  
\_\_\_\_\_  
\_\_\_\_\_

*Additional Emergency Contact Numbers*

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Pediatricians Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

Teachers Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**RELEASE, WAIVER AND CONSENT FORM FOR  
2019-2020 ANGUILLA TENNIS ACADEMY AFTER SCHOOL PROGRAM**

I am the parent/legal guardian of \_\_\_\_\_ who is, with my permission, a "Participant" in the 2019-2020 Anguilla Tennis Academy After School Program.

By signing this statement I acknowledge that I am aware of the activities involved in the 2019 - 2020 Anguilla Tennis Academy After School Program. I hereby give approval of the above-named Participant's participation in any and all programs and activities associated with the 2019 -2020 Anguilla Tennis Academy After School Program. I hereby confirm that my child's participation in this program means that he/she will be participating in all physical activities associated with the said program. I further confirm that my child's health meets the physical standards for participating in the activities involved in the 2019 - 2020 Anguilla Tennis Academy After School Program.

I do hereby waive, release, absolve, forever discharge, and agree to hold harmless the Anguilla Tennis Academy or the coaches and staff of the 2019 - 2020 Anguilla Tennis Academy After School Program from, and against any claim or cause of action of any nature whatsoever that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident or illness to the Participant, arising in any way out of or in connection with the Participant's participation in the activities of the 2019 – 2020 Anguilla Tennis Academy After School Program.

In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member of the Anguilla Tennis Academy, or coach of the 2019 - 2020 Anguilla Tennis Academy After School Program, to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that the Anguilla Tennis Academy will use all reasonable efforts to notify me (or the emergency contact listed on my child's application), where practical, prior to initiating medical treatment for any such injury to the Participant. Should neither party be available, an appropriate staff person will contact appropriate medical personnel to initiate the necessary medical treatment, and I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically appropriate. I agree that medical treatment for any other type of injury may be coordinated by the Anguilla Tennis Academy in consultation with appropriate medical personnel. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## AFTER SCHOOL PROGRAM PHOTO POLICY

The following policy outlines the criteria for taking photos or video footage of children at the Anguilla Tennis Academy (ATA).

The purpose of this policy is to define and document a Photography Policy for the ATA After School Program covering still and video photography and filming of and by individuals on the ATA property. It is not the intention of the ATA via this policy to prohibit the filming or photographing children, young people and helpers/officials participating in the ATA events.

The purpose of this policy is:

- To deter unsuitable people/persons from misusing ATA activities to obtain images or recorded data of the children, coaches, staff, and parents;
- To prevent unsuitable images or recorded data of children, coaches, staff, and parents, or inappropriate representation of the sport from being produced;
- To protect the identity of children, coaches, staff, and parents who may be made (to feel) vulnerable or compromised through the publication of their photos or personal details;
- To provide identification of ATA photographers who photograph ATA events on a routine basis;
- To define processes for professional and student/amateur photographers to obtain permission to record ATA events;
- To ensure children, coaches, staff, and parents are aware of these guidelines and accept and agree to abide by the guidelines.

This Policy took effect on September 10<sup>th</sup> 2018.

The ATA recognizes the occasional need for parents, friends and family to take photographs of their children while playing tennis or otherwise on the grounds of the ATA. Anyone taking **close up photos** of children other than their own child should first seek permission of the child's parent or guardian. In no way should a child's photo be taken without the proper consent. In addition, children's photos should not be published on online websites and printed material without first receiving permission from the child's parent or guardian.

Photographers are expected to behave in a respectful, friendly and reasonable manner at all times.

Deviations from this policy, or special requests, must be submitted in writing to the ATA office

As the parent or guardian of \_\_\_\_\_ I have read this policy and understand its content.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_