



Participant Name: _____

Harp Make up and Cancellation Policies:

Permission to Participate

I hereby authorize that my child (name) _____ is free from any medical issues that would prevent him/her from participating in tennis and tennis related fitness. Furthermore I understand that tennis and tennis related fitness is a rigorous and demanding physical sport requiring advanced athletic physical skills to participate. My child does have some medical issues (allergies, existing medical condition, or previous or current injury the coaching staff needs to be aware of (list here) _____

My child does not have any medical issues that staff needs to be aware of: check here:

Inclement Weather:

If inclement weather or any other unforeseen circumstance prevents a class from taking place the following will apply: A make up day will be scheduled. If a student cannot attend that make up, they may attend any class offered for that ability level at any time during that four week period, provided there is room. Students should make every effort to attend the make up day, or attend a different class to make up the missed class. Missed classes or private lessons are not prorated into the next four week period. . Students should call or email the tennis office to attend a scheduled make up or any class they are making up. Harp Performance Tennis will make every effort to make up any regularly scheduled classes during each 4 week period. We will make every effort to help each student get the value and time they need to make this program successful for him or her. Extra classes are offered throughout the year to help players catch up missed programs.

Cancellation of Attendance:

30 days written notice is required for any student in the program who is withdrawing from regularly scheduled classes. At the end of each 4 weeks if such notice is not provided then that student will be assumed as attending the following 4 weeks and will billed appropriately.

By signing here I attest that I have read and agree to the above Harp Performance Cancellation Policy and

Make up Policy: _____

Print Name _____



Emergency Release for Treatment

This form should be completed by parents and given to the temporary guardian for use if emergency attention is required.

(Please print)

We, _____ father)

and _____ ((mother)

the parents

of _____

(names of minor children)

give temporary guardianship of said children to:

Harp Performance Tennis Inc. Staff while our child (children) are under the supervision of their program during program times and until the child is with parent or guardian.

The named guardians have full authority to sign and approve any emergency medical care that the above mentioned children may require during our absence.

The children's primary care physician is:

(name and telephone number)

Known allergies

include: _____

Present medications

include: _____

Should notification be necessary, our address

is: _____

Telephone: _____

(signature of father)

(signature of mother)

Date: _____

My child does not have any medical issues that staff needs to be aware of: check here:

Social Media and Promotions:

STANDARD PHOTO RELEASE FORM

Participant's Name:

I hereby authorize Harp Performance Tennis Inc. (HPT Inc.) to publish the photographs taken of (Name): _____ for use in the programs printed publications and website, and social media outlets for the purposes of advertising and education. I acknowledge



that since my participation in publications and websites produced by HPT Inc. I will receive no financial compensation. I further agree that my participation in any media or publication and website produced by HPT Inc. confers upon me no rights of ownership whatsoever. I release HPT Inc. its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Signature: _____ Date: _____

Street Address:

City, State, Zip: __