

# Super 10's Application Form

## ATHLETE PROFILE

|   |   |
|---|---|
| <b>SUPER 10'S LOCATION:</b>   DENDY PARK TENNIS CLUB  | <b>SUPER 10'S TRIALS</b>   09 / 10 / 2011 |
| <b>NAME:</b>  | <b>AGE:</b>                               |
| <b>DOB:</b>   / /   | <b>EMAIL:</b>                             |
| <b>PRIVATE COACH</b>  | <b>CLUB</b>                               |
| <p><b>HOW LONG HAVE YOU BEEN PLAYING TENNIS?</b> (PLEASE CIRCLE)</p> <p>  UP TO 1YEAR                    2 YEARS                    3 YEARS                    4 YEARS                    5+ YEARS  </p> <p><b>HOW MANY HOURS DO YOU SPEND ON COURT PER WEEK?</b></p> <p>   </p> <p><b>HOW MANY YEARS HAVE YOU BEEN PLAYING COMPETITION? (IF APPLICABLE)</b> (PLEASE CIRCLE)</p> <p>  LESS THAN 1 TERM                    UP TO 1 YEAR                    MORE THAN 1 YEAR  </p> <p><b>LIST ANY RECENT COMPETITION / TOURNAMENT RESULTS (IF APPLICABLE)</b></p><br><br><br><p><b>WHAT IS YOUR FAVOURITE FOOD?</b></p><br><br><p><b>WHAT IS YOUR FAVOURITE DRINK?</b></p><br><br><p><b>WHAT DO YOU DREAM OF ACHIEVING IN TENNIS?</b></p><br><br><br><br><br> |   |

# *Super 10's Application Form*

**WHY DID YOU START PLAYING TENNIS?**

**WHAT OTHER INTERESTS DO YOU HAVE?**

**WHEN YOU WALK ON THE COURT WHAT ARE THE THREE THINGS YOU ARE THINKING OF?**

# *Super 10's Application Form*

**PLEASE DRAW A PICTURE OF WHAT TENNIS MEANS TO YOU:**

# Super 10's - Athlete Consent Form

## SUPER 10's CONSENT AND RELEASE AND INDEMNITY FORM

### MEDICAL AND PERSONAL INFORMATION OF CHILD/WARD

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_\_

MEDICARE NUMBER: \_\_\_\_\_

PRIVATE HEALTH INSURANCE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

AMBULANCE NUMBER: \_\_\_\_\_

EXISTING MEDICAL CONDITIONS/INJURIES/ALLERGIES: \_\_\_\_\_

REGULAR MEDICATION: \_\_\_\_\_

NEXT OF KIN (1): \_\_\_\_\_ CONTACT PH NO: \_\_\_\_\_

NEXT OF KIN (2): \_\_\_\_\_ CONTACT PH NO: \_\_\_\_\_

### CONSENT TO MEDICAL TREATMENT AND TRANSPORT

I understand that tennis is a physical sport and that there is risk of injury involved in participating in the Super 10's competition and related programs and activities (**Super 10's**). I authorise any director, officer, employee, official, agent or representative of Tennis Australia to use the medical and personal information set out above and to obtain on my behalf and at my expense any medical assistance, treatment and transport as deemed reasonably necessary by Tennis Australia.

### CONSENT TO USE IMAGE

In consideration of my participating in the Super 10's, I consent to Tennis Australia taking, retaining and reproducing my image or likeness obtained during my participation in the Super 10's in photographs, electronic images, sound recording and video footage and to use such image or likeness for the purposes of any Tennis Australia promotional, advertising, research or marketing materials.

### RELEASE AND INDEMNITY

In consideration of my participating in the Super 10's, I agree to release, defend, hold harmless and indemnify Tennis Australia and its directors, officers, employees, volunteers and agents from and against any actions, claims, demands, expenses and liabilities howsoever arising from any injury, loss or damage incurred or suffered in connection with my participation in the Super 10's.

### CONDUCT

In participating in the Super 10's, I consent to being bound by all applicable Tennis Australia by-laws, policies, rules and procedures, including but not limited to its Member Protection By-Law. I further agree to comply with all directions issued by Tennis Australia from time to time at or in connection with the Super 10's.

In the event I am found using or in possession of alcohol or non-prescribed drugs forbidden by law, or smoking cigarettes, or behaving in a manner deemed by Tennis Australia as being a safety risk to others or having the effect or possible effect of bringing Tennis Australia or the sport into disrepute, I acknowledge and accept that Tennis Australia may direct me to cease participating in or leave the Super 10's and that I will comply with such direction at my own cost.

### CONSENT - PRIVACY

Tennis Australia requires the personal and medical information requested above to administer the Super 10's and for related purposes which can reasonably be expected (including asking the participant for feedback). I consent to the uses contemplated by the immediately preceding sentence.

You are able to access your personal information through Tennis Australia upon reasonable notice. Except where permitted or required by law, or where your consent is obtained, this information will not be disclosed to third parties.

**PARTICIPANT AGREEMENT**

I have read and understood and agree to the above terms. I warrant that all information provided is true and correct.

SIGNED BY PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PARENT/GUARDIAN AGREEMENT (if participant is under 18)**

I have read, understood and agree to the above terms and in consideration of accepting my child/ward

.....  
Name of child/ward

to participate in the Super 10's. I will ensure my child/ward complies with the terms and conditions above. I give the Consents and Release and Indemnity as set above in my own right and on behalf of and in respect of my child/ward. I warrant that all information provided is true and correct.

SIGNED BY PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Where the player is Under 18 years of age – signature required)

**APPLICATIONS ARE DUE BY COB MONDAY 26 SEPTEMBER**

Please return completed forms to:

Attention: Adrian Franklin – Super 10's Coordinator  
Tennis Australia  
PO BOX 6060  
Richmond, 3121  
Victoria

**OR**

Scan and return completed forms to [afranklin@tennis.com.au](mailto:afranklin@tennis.com.au)