

Super 10's Challenge - Application Form

Super 10s Challenge Criteria

-You must be capable of rallying 25 balls or more cross court on both your forehand and backhand side.

-It is preferable that you have participated in at least four JDS events.

ATHLETE PROFILE

SUPER 10'S LOCATION: [DENDY PARK TENNIS CLUB]	SUPER 10'S CHALLENGE [23 / 09 / 2012]
NAME: []	AGE: []
DOB: [/ /]	EMAIL: []
PRIVATE COACH []	CLUB []
<p>HOW LONG HAVE YOU BEEN PLAYING TENNIS? (PLEASE CIRCLE)</p> <p>[0-12 MONTHS 12-18 MONTHS 18-24 MONTHS 24-36 MONTHS 36-48 MONTHS 4+ YEARS]</p> <p>HOW MANY HOURS DO YOU SPEND ON COURT PER WEEK APPROXIMATELY?</p> <p>[]</p> <p>HOW MANY YEARS HAVE YOU BEEN PLAYING COMPETITION? (IF APPLICABLE) (PLEASE CIRCLE)</p> <p>[0-6 MONTHS 6-12 MONTHS 12-18 MONTHS 18-24 MONTHS 24-36 MONTHS 3+ YEARS]</p> <p>LIST ANY RECENT COMPETITION / TOURNAMENT RESULTS (IF APPLICABLE)</p> <p>WHAT IS YOUR FAVOURITE FOOD?</p> <p>WHAT IS YOUR FAVOURITE DRINK?</p>	

WHAT DO YOU DREAM OF ACHIEVING IN TENNIS?

WHY DID YOU START PLAYING TENNIS?

WHAT OTHER INTERESTS DO YOU HAVE?

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

Super 10's - Athlete Consent

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 or Tennis Victoria 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 or Tennis Victoria 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 or Tennis Victoria 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 Tennis Victoria 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 or Tennis Victoria 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 or Tennis Victoria 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 or Tennis Victoria as being a safety risk to others or having the effect or possible effect of bringing Tennis Australia or Tennis Victoria or the sport into disrepute, I acknowledge and accept that Tennis Australia or Tennis Victoria 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 and Tennis Victoria 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 and Tennis Victoria 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 WEDNESDAY SEPTEMBER 12

Please return completed forms to:

Attention: Adana Kinsella – Super 10's
Tennis Victoria
Locked Bag 6001
Richmond, 3121
Victoria

OR

Scan and return completed forms to akinsella@tennis.com.au