

Super 10's Challenge 2013 - Application Form

Super 10s Challenge Criteria

-You must be capable of rallying 10 balls or more cross court on both your forehand and backhand side.

-It is preferable that you have participated in a JDS or OJT event and/or have played in a high level of club tennis.

ATHLETE PROFILE

SUPER 10'S LOCATION: [TBC]	SUPER 10'S CHALLENGE DATE [13/10/13 - TBC]
NAME: []	AGE: []
DOB: [/ /]	EMAIL: []
PRIVATE COACH NAME/PHONE NO./EMAIL []	GENDER []
<p>IF YOU HAVE FILLED OUT THE BELOW INFORMATION DURING LAST SEASON PLEASE IGNORE, BUT STATE "YES" IN THE BELOW BOX:</p> <p>[]</p> <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>	

HAVE YOU HEARD OF MLC TENNIS HOT SHOTS?

HAVE YOU PLAYED MLC TENNIS HOT SHOTS?

IF SO, HOW LONG DID YOU PLAY IN THE PROGRAM?

WHAT DO YOU DREAM OF ACHIEVING IN TENNIS?

WHY DID YOU START PLAYING TENNIS?

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

Super 10's - Athlete Consent

SUPER 10's 2013 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 FRIDAY OCTOBER 4, 2013

Please return completed forms to:

Attention: Brett McLennan – Super 10's
Tennis South Australia
PO Box 43
North Adelaide, SA 5006
Memorial Drive Complex

OR

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