



Dual Private Tennis Lessons Registration

Due to privacy, do not transmit this form electronically.
 Separate registration forms should be completed by each participant.

Once you are assigned to a Tennis Instructor and are notified by Fitness and Wellness Staff through email you may proceed with payment. of the Private Tennis Lesson(s) Registration, individuals will be contacted within 5 business days regarding registration status. Prior to submission of the Private Tennis Lesson(s) registration please sign and date the LSU UREC Participation Agreement (see reverse).

PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH (mm/dd/yyyy)
			AGE
PHONE	EMAIL ADDRESS	CLASSIFICATION	
		UREC MEMBER	STUDENT

EMERGENCY CONTACT

NAME	PHONE	RELATIONSHIP

PACKAGE & PREFERENCES

<p>Select a package All packages include a fitness assessment</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Private Lessons</th> <th colspan="3">UREC</th> </tr> <tr> <th>Student</th> <th>Member</th> <th>Non-Member</th> </tr> </thead> <tbody> <tr> <td>Three Sessions</td> <td>\$55</td> <td>\$70</td> <td>\$80</td> </tr> <tr> <td>Five Sessions</td> <td>\$80</td> <td>\$95</td> <td>\$105</td> </tr> <tr> <td>Seven Sessions</td> <td>\$105</td> <td>\$120</td> <td>\$130</td> </tr> <tr> <td>Ten sessions</td> <td>\$140</td> <td>\$155</td> <td>\$165</td> </tr> </tbody> </table>	Private Lessons	UREC			Student	Member	Non-Member	Three Sessions	\$55	\$70	\$80	Five Sessions	\$80	\$95	\$105	Seven Sessions	\$105	\$120	\$130	Ten sessions	\$140	\$155	\$165	<p>Availability (must be completed)</p> <p>Monday _____</p> <p>Tuesday _____</p> <p>Wednesday _____</p> <p>Thursday _____</p> <p>Friday _____</p>	<p>Instructor Preference</p> <p><input type="checkbox"/> No Preference</p> <p><input type="checkbox"/> Male Trainer</p> <p><input type="checkbox"/> Female Trainer</p> <p>Instructor's Name: _____</p>
Private Lessons		UREC																							
	Student	Member	Non-Member																						
Three Sessions	\$55	\$70	\$80																						
Five Sessions	\$80	\$95	\$105																						
Seven Sessions	\$105	\$120	\$130																						
Ten sessions	\$140	\$155	\$165																						
Tennis skill Goal: _____		Desired Completion Date _____																							

MEDICAL HISTORY

Have you, or an immediate family member now or in the past experienced:**

YOU	FAMILY	YOU	FAMILY
	Chest pain while exercising		Asthma
	Heart attack		Bursitis
	Heart disease		Arthritis
	Pacemaker		Tendonitis
	High blood pressure (>140/190)		Muscle Injury
	Diabetes mellitus		Joint Injury
	Dizziness/Loss of Consciousness		Smoking
	Currently pregnant/postpartum		Cancer
	Depression		Osteoporosis
	Low back pain		High Cholesterol (total > 200)
	Nutrition relation disorder		

**** Medical clearance may be required for individuals who meet or exceed certain risk factors prior to the first lesson. In the event medical clearance is necessary for participation, you will be required to present LSU UREC with the provided form, signed and completed by your physician.**

List any medications you are currently taking: _____

If you have checked any boxes to the left, please explain: _____

FOR OFFICE USE	RECEIVED BY: _____	DATE: _____	TIME: _____
----------------	--------------------	-------------	-------------

LSU | University Recreation

Participant Agreement

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, knowingly and voluntarily assume any and all risk of injuries, regardless of severity, which from time to time may occur as a result of my participation in athletic and other activities through LSU University Recreation.

I hereby certify I have adequate health insurance to cover any injury or damages that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages myself.

I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in an activity using any equipment or facilities of LSU University Recreation. I understand and agree that I alone am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at Louisiana State University, and that I am not relying on any advice from LSU University Recreation in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician.

Further, I hereby RELEASE AND HOLD HARMLESS, the State of Louisiana, the Board of Supervisors of Louisiana State University and Agricultural & Mechanical College, and its respective members, officers, employees, student workers, student interns, volunteers, agents, representatives, institutions, and/or departments from any and all liability, claims, damages, costs, expenses, personal injuries, illnesses, death or loss of personal property resulting, in whole or in part, from my participation in, or use of, any facility, equipment, and/or programs of Louisiana State University.

Printed name of participant

Signature of participant

Printed name of parent/legal guardian (if under 18)

Signature of parent/legal guardian (if under 18)

Date