



Private Tennis Lessons Registration

Due to privacy, do not transmit this form electronically.

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>\$90</td> <td>\$115</td> <td>\$135</td> </tr> <tr> <td>Five Sessions</td> <td>\$140</td> <td>\$165</td> <td>\$185</td> </tr> <tr> <td>Seven Sessions</td> <td>\$195</td> <td>\$220</td> <td>\$240</td> </tr> <tr> <td>Ten sessions</td> <td>\$280</td> <td>\$305</td> <td>\$325</td> </tr> </tbody> </table>	Private Lessons	UREC			Student	Member	Non-Member	Three Sessions	\$90	\$115	\$135	Five Sessions	\$140	\$165	\$185	Seven Sessions	\$195	\$220	\$240	Ten sessions	\$280	\$305	\$325	<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	\$90	\$115	\$135																						
Five Sessions	\$140	\$165	\$185																						
Seven Sessions	\$195	\$220	\$240																						
Ten sessions	\$280	\$305	\$325																						
<p>Fitness Goal: _____</p>		<p>Desired Completion Date _____</p>																							

MEDICAL HISTORY

<p><i>Have you, or an immediate family member now or in the past experienced:**</i></p>				<p>** 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.</p>
YOU	FAMILY	YOU	FAMILY	
	Chest pain while exercising		Asthma	<p>List any medications you are currently taking:</p> <p>If you have checked any boxes to the left, please explain:</p>
	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			

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