

**TENNIS**  
**Medical Lake School District**  
**Medical Lake High School**

**WARNING/AGREEMENT TO OBEY INSTRUCTIONS**

**STUDENT'S NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
(Please Print)

**(Prior to participating, both the student and parent must read carefully and sign)**

I am aware that tennis is a high-risk sport and that practicing or competing in tennis will be a dangerous activity involving **MANY RISKS OF INJURY**. I understand the dangers and risks of practicing and competing in tennis include but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers and risks of practicing or competing in tennis may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life. I also understand that the sport in which I participate may be so inherently dangerous that no amount of reasonable supervision, protective equipment or training can eliminate all vestiges of danger. I am informed the District does not assume the responsibility for the medical services required for these risks.

Because of the dangers of tennis, I recognize the importance of following the coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions.

In consideration of the Medical Lake School District permitting me to try out for the Medical Lake High School tennis team and to engage in all activities related to the team, including but not limited to trying out, practicing or competing in tennis. I have read the above warnings and I understand their terms.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Athlete

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I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_.  
In consideration of the Medical Lake School District permitting my child/ward to try out for the Medical Lake High School tennis team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in tennis, I have read the above warning and I understand their terms.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Legal Guardian

**TURN FORM OVER - SIGNATURES REQUIRED ON BOTH SIDES** **2/3/10**

**TENNIS**

**Medical Lake School District**  
Medical Lake High School  
**SAFETY GUIDELINES**

*(Prior to participating, both the student and parent must read carefully and sign)*

When a person is involved in any athletic activity, an injury can occur, one should be aware the information presented in these safety guidelines is to inform the athlete of proper techniques and inherent dangers involved with tennis. There is a chance of broken bones, muscle and soft tissue and back injuries, which could lead to some form of paralysis. Not all potential injury possibilities in this sport are listed, but athletes should be aware that fundamentals, coaching and proper safety equipment are important to the safety and enjoyment of the sport.

1. Proper warm-up is essential before strenuous activity takes place. Be aware of the potentially serious injuries if you do not follow correct procedures in stretching, and conditioning.
2. If you wear eyeglasses, contact the coach for proper fitting of safety lenses, appropriate frames that are compatible with tennis. If you have a bi or tri-focal lens, contact your doctor to provide the best len(s) combination for playing tennis.
3. Perform only those skills and techniques as instructed and/or supervised by your coach.
4. Be sure all equipment, especially shoes, is fitting properly before each day's activity.
5. Travel to and from off-campus facilities and practice/competition sites must be in accordance with school procedures.
6. Remove all jewelry and metal hair fasteners and other body adornments as required by rules and regulations for tennis.
7. Be aware of your surroundings both home and away including but not limited to surface conditions, obstructions in the proximity to the tennis court and safe entrance/egress to/from the court.
8. Wear outer and under garments appropriate for humidity and temperature.
9. In order to help protect the safety of all squad members, squad members with physically limiting injuries and/or health conditions must inform the coach prior to each day's activity of limiting conditions and participate only to the extent allowed by the coach.
10. Players should hydrate themselves frequently during practice and meets and follow the coach's direction on hydration prior to and following practices and meets.
11. Notify the coach immediately if injured.
12. Practice only when your coach is present.
13. Before swinging a racket make sure your grips are dry and make certain the area around you is clear of others. Never throw a racket.
14. In doubles play, make sure of the location of your partner and understand the communication system between you and your partner.

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The above information has been explained to me and I understand the list of rules, safety regulations/warnings and procedures. I also understand the necessity of using the proper techniques while participating in the tennis program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**TENNIS**  
**MEDICAL LAKE HIGH SCHOOL**  
**ATHLETIC MEDICAL RELEASE 2018-2019**


Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Please Print)

**INSURANCE PROTECTION**

Insurance coverage is mandatory for participation in any school activity. Our district's insurance coverage does not provide medical insurance coverage for school accidents. This means you are responsible for the medical bills if your child is hurt during school or school activities. The school's liability coverage will provide protection if the district is found to be negligent in some manner; however, a slip or fall is rarely the fault of the school district. A brochure outlining student insurance is available from the main office.

Please send home a brochure on the insurance program. I will be enrolling my student in this program and I understand my student will not be eligible until the form, with payment, is returned to the school.

OR

We have personal medical insurance and our insurance carrier is: 

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(Name of Insurance Company this is MANDATORY)

**ATHLETIC MEDICAL RELEASE**

In the event of an emergency, authorization is hereby given for any x-ray examination, anesthesia, medical or surgical diagnosis or treatment and hospital service that may be rendered whether such diagnosis and/or treatment is rendered at a local physician's office or licensed hospital. It is understood this consent is given in advance of any specific diagnosis or treatment required, but is given to encourage said physician to exercise his/her best judgment as to requirements of such diagnosis or treatment. This consent shall remain in effect for the current sport season only.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date