



## TOURNAMENTS

We take players to selected high level tournaments. This will help in assessing players better.

### TOURNAMENT SCHEDULE

We have an in depth yearly schedule on the [www.hobsontennis.com](http://www.hobsontennis.com) site, [Tournaments](#) page.

Please notify us, which tournament you would like to attend in advance, download the tournament form from the [www.hobsontennis.com](http://www.hobsontennis.com) and send it in.

### FEES

(Total Expenses\* / Number of Players) + (Coaching fee \$40.00 per day (3+ players), \$60.00 per day (2 players), \$100.00 per day (1 player) x Number of Days) \*Total Expenses include Room Rate and Transportation Cost.

We will arrange transportation, hotels, meals, scouting, warm up, match analysis, practice matches, extra training and conditioning.

## PAYMENT POLICY

- The payment is **due by the 10<sup>th</sup> of each month to be brought to training.** There will be **\$20 late fee after the 10<sup>th</sup>.** If the payment is not received after the 10<sup>th</sup>, a reminder will be sent to you.
- Please make check payable to “Hobson Tennis LLC.”
- **Training is similar to a school program – if you miss your time, there is no reimbursement; but you can make up other days – please let us know before you come. Each athlete is paying for 4 weeks of training but is actually receiving 4 1/2 weeks of training each month – no pro rated months.**

Please Initial \_\_\_\_\_

## CONDITIONING RULES

We feel this is an integral part of tennis and is mandatory. Players are expected to train with the trainer.

Please Initial \_\_\_\_\_

## RELEASE OF ALL CLAIMS

I hereby release and forever discharge Ashley Hobson, Hobson Performance Tennis Academy, Hobson Tennis LLC and Training facilities, its employees, officers and agents from all actions, claims and demands by reason of any loss or injury which may be sustained by me during all training, tournaments, events and related activities. I hereby assume all risk of any such loss or injury.

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If you agree with the above terms and conditions, please sign:

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Parent's Signature

Date: \_\_\_\_\_

# PACT - Parent / Athlete / Coach = TEAM,

## Performance Agreement

### Philosophy of the Program

1. Great attitudes
  2. Commitment to training
  3. Strong work ethic
  4. Discipline
- NO bad behavior/attitude will be tolerated. No “prima donnas” Being a good person is as **important** to us as being a good player.
  - Please keep up to date with Academy info with the [www.hobsontennis.com](http://www.hobsontennis.com) site – “Tournaments” has all the events, times on it on it
  - Learn to **cooperate** and **work together**. We want to build a “team” of players with good chemistry and unity – this enhances the training process.
  - NO swearing, NO smoking, NO alcohol, and NO drugs.  
– These are absolutely inviolate rules.
  - We are here to train - no intra academy “dating”
  - Penalty system in place – two warnings then you will be asked to leave practice on the third.
  - Dress Code: No revealing clothing (such as bared midriff, spaghetti straps, low top, and see-through shirts).
  - Bring TWO freshly strung racquets to practice.
  - Understanding that this is a *serious training program* built on performance. Training with EFFORT and FOCUS!! No Texting
  - Fairness, sportsmanship, and integrity when competing
  - Attendance of strength and conditioning training is mandatory
  - Parents are definitely welcome to watch training at any time, but **not to intrude during training or in the training process** in any circumstances. Parents are required to have good behavior to opponents, parents and officials when attending tournaments with your son/daughter. If continued complaints are received about poor behavior at tournaments you may be asked to leave the academy.
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*Signature of acceptance of the above terms:*

Player: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH HISTORY & RELEASE FORM**

Name \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Ht. \_\_\_\_\_ Wt: \_\_\_\_\_

**HEALTH HISTORY**

**IF THE PLAYER SHOULD BE RESTRICTED FROM ANY ACTIVITY, PLEASE**

**NOTE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If the player will be taking medication during training, please indicate name of drug and dosage:**

\_\_\_\_\_  
\_\_\_\_\_

**Please identify any medical condition or history which would require special attention:**

\_\_\_\_\_  
\_\_\_\_\_

**Has the player had any of the following? (Please circle for YES):** Asthma, Chicken Pox, Diabetes, German Measles, High Blood Pressure, Measles, Mumps, Pneumonia

**IMMUNIZATIONS**

(include dates)

Tetanus Toxoid \_\_\_\_\_  
Polio Vaccine \_\_\_\_\_  
Tuberculin Test \_\_\_\_\_  
Measles \_\_\_\_\_  
Rubella \_\_\_\_\_

**ALLERGIES**

(yes/no)

Hay Fever \_\_\_\_\_  
Asthma \_\_\_\_\_  
Eczema \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Other (type) \_\_\_\_\_

**DRUG REACTIONS**

(yes/no)

Sulpha \_\_\_\_\_  
Penicillin \_\_\_\_\_  
Antibiotics (type) \_\_\_\_\_  
Other \_\_\_\_\_

**Physician's**

**Name** \_\_\_\_\_

**(Address)** \_\_\_\_\_

**(Telephone)** \_\_\_\_\_

**INSURANCE INFORMATION**

Carrier Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Holder Date of Birth: \_\_\_\_\_