



Last Name \_\_\_\_\_

## 2017 Tennis Team Registration & Medical Form

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ We are new to tennis team: Yes \_\_\_ No \_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

**Tennis Player Information:** *Please include any and all special medical conditions, allergies, medications and/or significant injuries that the swim team staff should be aware of.*

1. Name \_\_\_\_\_ Boy/Girl Birth date \_\_\_\_\_ Age \_\_\_\_\_

Tennis experience: \_\_\_\_\_

Where? \_\_\_\_\_

Medical Information: \_\_\_\_\_

2. Name \_\_\_\_\_ Boy/Girl Birth date \_\_\_\_\_ Age \_\_\_\_\_

Tennis experience: \_\_\_\_\_

Where? \_\_\_\_\_

Medical Information: \_\_\_\_\_

3. Name \_\_\_\_\_ Boy/Girl Birth date \_\_\_\_\_ Age \_\_\_\_\_

Tennis experience: \_\_\_\_\_

Where? \_\_\_\_\_

Medical Information: \_\_\_\_\_

### PARENT/GUARDIAN RELEASE

I, parent of guardian of the children listed on this form, consent for medical care to be provided to him/her. I also give my consent that in case that I may not be reached, my son/daughter may receive further medical care at a doctor's office, hospital, acute care clinic or emergency department. The emergency contacts listed above, have my permission to transport my son/daughter and to give consent or refuse treatment for him/her until I can be reached.

As in all active sports, there are risks and hazards, accidents may occur. Therefore, I recognize tennis is a rigorous sport and accept the risks inherent in the activity. I (we) agree to Release, Hold Harmless and Indemnify Somerset Recreation Club Inc., and it employees, volunteers and officers from all claims, liabilities or costs, which arise out of participation in this program.

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

Parent or Guardian Signature \_\_\_\_\_