

Junior Information

Emergency Contact and Consent Form

Today's Date:

Child's Name: _____ Birth Date: _____

Address: _____
address *city* *zip code*

Email: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell: _____

Emergency Contact (To whom child may be released if guardian is unavailable)

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Child's Preferred Sources of Medical Care

Physician's Name: _____

Phone: _____

Preferred Hospital: _____

Special Conditions, Disabilities, Allergies or Medical Information:

PARENTAL RELEASE FORM

I, _____, give permission for _____
parent /guardian *name of child participant*
**to attend and participate in tennis and other related activities
at Meadow Creek Tennis & Fitness Club.**

I authorize the staff of Meadow Creek to use their best judgment in allowing my child to receive emergency/medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action.

I hereby:

1. Certify that, to the best of my knowledge, the medical information is complete and correct.
2. Agree to assume all risk of personal injury arising from participation in activities at Meadow Creek, understanding that sports do involve the potential for injury.
3. Agree not to hold Meadow Creek Tennis & Fitness Club or its staff responsible for injury sustained during participation other than for gross negligence.
4. Agree to have my child receive first aid by Meadow Creek staff and, if necessary, agree to allow the staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.

Signature of Parent/Guardian: _____

Printed Name: _____

Date: _____

Photo Release Waiver

I understand Meadow Creek Tennis & Fitness Club retains the right to use, for publicity and advertising purposes, photographs of my child taken at programs, lessons, camps and tournaments.

Signature of Parent/Guardian: _____

Date: _____

