



MEADOW CREEK TENNIS & FITNESS CLUB

Today's Date: _____



Junior Information Emergency Contact and Consent Form

Program: _____

Child's name _____ Birth Date _____

Address: _____
(Street Address) (City, State) (Zip Code)

Email address: _____

Playing Experience: _____

Parent/Guardian #1 Name: _____

Telephone: Home _____ Work _____ Cell/Pager _____

Parent/Guardian #2 Name: _____

Telephone: Home _____ Work _____ Cell/Pager _____

EMERGENCY CONTACT (To whom child may be released if guardian is unavailable)

Name #1: _____ Relationship: _____

Telephone: Home _____ Work _____ Cell/Pager _____

CHILD'S PREFERRED SOURCES OF MEDICAL CARE

Physician's Name: _____

Address: _____ Telephone: _____

Dentist's Name: _____

Address: _____ Telephone: _____


Preferred Hospital Name: _____

CHILD'S HEALTH INSURANCE

Insurance Plan: _____

Subscriber's Name (on insurance card): _____

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL
EMERGENCY INFORMATION: _____

Please fill out reverse side 

PARENTAL RELEASE FORM

I, _____, give permission for _____ to
(parent or guardian) (name of child participant)
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: _____ 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: _____ Date: _____