



# Medical Release

## Summer Camp

In the unlikely event that medical attention is needed for my child, I the parent/guardian of \_\_\_\_\_, do hereby grant permission for medical/surgical treatment for my son/daughter.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone number(s): \_\_\_\_\_

Additional contact(s): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance provider: \_\_\_\_\_ Ins. No. \_\_\_\_\_

Please indicate any medical information we should know: (e.g. allergies, etc...)

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

### General Release:

In registering my child as a participant in All-Court Tennis Camps, I understand my child assumes any and all risks which might be associated with normal camp activities, and waive and release all rights and claims for damages which my child, heirs, executors, administrators, assigns, or I may have against All-Court Tennis Camps, its directors, coaches, instructors, or representatives, for any and all injuries or damages of any kind suffered as a result of participation in All-Court Tennis Camps.

Signature: \_\_\_\_\_