



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 _____