

ACE Tennis Camp Release Form



Basic Information:

Child's Full Name:

Child's Date of Birth:

Parent/Legal Guardian Name(s):

Cell/Home Phone Number:

My child will (check one):

☐ walk home

☐ be picked up

Emergency Contact Information:

Name:

Relationship:

Phone Number(s):

Medical Information:

Doctor/Clinic Name:

Any allergies:

Phone Number:

Any medications:

Is there any additional medical information we should know about your child?

Statement:

I am the Parent/Guardian of the above-named participant who is under eighteen years of age and am fully competent to sign this agreement.

I acknowledge that my child's experience in the ACE Tennis Camp will be at an indoor gym at Washington School. Participation in sports camps requires an acceptance of risk of minor injury. I understand there is a chance of my child being injured. I further acknowledge that the site and its staff are not responsible for any possible illnesses that may result from my child participating in the tennis camp.

MEDICAL RELEASE:

My signature below authorizes the staff at ACE Tennis Camp to request emergency treatment for my child if the situation warrants and I am unable to be contacted.

Name of Parent/Guardian (*printed*)

Signature of Parent/Guardian

Date

IMAGE RELEASE:

My signature below authorizes the staff at ACE Tennis Camp to have permission to use photographs of my child for purposes of marketing, advertising and general promotion of the program.

Name of Parent/Guardian (*printed*)

Signature of Parent/Guardian

Date