

Philcrest Summer Tennis Camp – Emergency Contact Information

Camper(s) Information										
Name (First, Last)	Age	Date of Birth								
Health Concerns/Allergies										
Name (First, Last)	Age	Date of Birth								
Health Concerns/Allergies										
Name (First, Last)	Age	Date of Birth								
Health Concerns/Allergies										
Name (First, Last)	Age	Date of Birth								
Health Concerns/Allergies										
Parent or Guardian Contact Information										
Name (First, Last)		Relationship								
Home Address (Street, City, Zip)										
Primary Phone	Email Address									
Name (First, Last)		Relationship								
Home Address (Street, City, Zip)										
Primary Phone	Email Address									
Emergency Contact Information – person other than parent or guardian that is authorized to pick up child										
Name (First, Last)	Phone	Relationship								
Name (First, Last)	Phone	Relationship								
Name (First, Last)	Phone	Relationship								
Medical Information										
Primary Medical Care Provider		Phone								
Session(s) Attending – please circle the session(s) your child is registered for										
1	2	3	4	5	6	7	8	9	10	11

Philcrest Summer Tennis Camp - Waiver & Release

Read this form carefully and be aware that in registering your child for participation in the program that you will be waiving and releasing all claims for injuries you or your child might sustain arising from that program.

Important Information

Philcrest Hills Tennis & Pickleball Club is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. Philcrest Hills Tennis & Pickleball Club strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make Philcrest Hills Tennis & Pickleball Club responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

Release of Liability and Permission to Secure Treatment

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s), and I agree to assume the full risk of any injuries, damages, or loss regardless of severity which I or my child may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my child may have against Philcrest Hills Tennis & Pickleball Club and its officers, agents, volunteers, and employees as a result of participation in the program(s).

I do hereby fully release and discharge Philcrest Hills Tennis & Pickleball Club and its officers, agents, volunteers, and employees from any and all claims from injury, damage, or loss with the activities of the program(s).

I further agree to indemnify and hold harmless and defend Philcrest Hills Tennis & Pickleball Club and its officers, agents, volunteers, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize Philcrest Hills Tennis & Pickleball Club to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my child immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Photography Release

I grant permission for my child to be photographed, or their images recorded, for print or electronic use in promoting Philcrest Hills Tennis & Pickleball Club. I understand that there will be no payment for me or my child's participation in this release.

I have read and fully understand the above Release of Liability and Permission to Secure Treatment and Photography Release.

Parent/Guardian Name

Camper Name(s)

Parent/Guardian Signature

Date