

Name of Camper/Athlete_

Last / first / M.I.

TO WHOM IT MAY CONCERN:

I agree to permit my child ______ to participate in all camp activities at the 2016 Middlebury Tennis Camps. I hereby grant permission to those parties supervising the Middlebury Tennis Camp, to obtain emergency treatment for my child if necessary.

(Full name with middle initial)

I also do hereby agree to release the staff of the Middlebury College Tennis Camp their representatives, agents, servants, and employees from liability for any injury to said minor child, resulting from any cause whatsoever occurring to said child, at any time, while attending the Middlebury Tennis Camp.

(Signature of PARENT/GUARDIAN)

EMERGENCY

I authorize the camp director to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs.

(Signature of PARENT/GUARDIAN) Is there any medical aspect we need to know about your child? If yes, please provide an explanation below.

Please List any allergies to medications below:

Insurance Policy No	(Please FAX a copy of your insurance card along with form.)
Family Physician or Clinic	Phone
Address	
Students Full Name	
Address	
Home Phone ()	Business Phone ()
Emergency Contact	Relationship
Home	Work

Student's Signature

Parent/Guardian Signature

Parent/Guardian:

Please include a copy of your health insurance card along with this form...send via FAX or US Mail to: FAX: 802-443-2073 attn: Middlebury Tennis Camp US MAIL: Middlebury Tennis Camps 219 South Main Street Middlebury, Vermont 05753

Please submit ALL FORMS no later than 7 days prior to camp start date