

PTP Summer Camp

Emergency / Medical Form

Full Name of Camper: _____ Date of Birth: _____

Parent Name: _____ Cell#: _____

Emergency Contact: _____ Cell#: _____

Allergies: _____

Medications: _____

Medical History (ie., diabetes, epilepsy etc), Special Conditions/Needs: _____

I hereby consent that the member of my family listed above may participate in the Princeton Tennis Program (PTP). I recognize that there are certain risks of physical injury inherent in participating in PTP. In order to minimize these risks, I/we (as listed) agree to obey all rules and regulations, follow all safety procedures and obey the management of the tennis camp and any and all members assigned to supervise the program. In case of an emergency regarding the above mentioned minor(s), I understand that every effort will be made to contact me (parent/guardian). In the event that I cannot be reached, I hereby authorize the above named Emergency Contact to be contacted. I hereby authorize emergency medical care for my child while attending PTP, if in the judgment of the staff, treatment is required for an injury or illness. I understand PTP Staff will provide first-aid within their capacity to do so. In the event that my spouse or I have an emergency, I consent to medical treatment. I hereby authorize emergency medical care if, in the judgment of PTP Staff, treatment is required for injury or illness. I understand that PTP Staff will administer first-aid within their capacity to do so. I hereby give permission to PTP Staff to consent to proper medical treatment and hospital care, as well as procedures deemed necessary by the attending physician when the need for such treatment is immediate. I also give permission for my family members listed and myself to be transported to the Medical Center of Princeton or in the event of an offsite emergency, the nearest available hospital. I understand that I am responsible for any expenses for medical care or transportation incurred by my family members or myself.

I hereby release and hold harmless the Princeton Tennis Program and its employees, directors, officers, agents, volunteers and independent contractors from and against any and all actions, losses or claims of any kind of nature, which may arise as a result of an accident or injury suffered by a family while attending, participating in, or being transported to or from the tennis camp.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____