



SUMMER CAMP 2019 - PERMISSION TO RELEASE FORM

PLAYER NAME: _____

PARENT NAME (1): _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

PARENT NAME (2): _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

Please list the names of any approved individuals who have permission to pick up your player from summer camp each day

NAME: _____

TELEPHONE NUMBER: _____

RELATION TO PLAYER: _____

NAME: _____

TELEPHONE NUMBER: _____

RELATION TO PLAYER: _____

NAME: _____

TELEPHONE NUMBER: _____

RELATION TO PLAYER: _____

NAME: _____

TELEPHONE NUMBER: _____

RELATION TO PLAYER: _____

PARENT SIGNATURE: _____

Signature of parent (1) or (2) above



MEDICAL INFORMATION AND CLEARANCE FORM

(Please complete both sides of this form – please print)

The information contained in this Medical Information and Clearance Form will only be used by USTA and its medical services providers for internal purposes and in the event of a medical emergency. This information will remain **CONFIDENTIAL**.

Player Name: _____ Gender: _____ Age: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1: _____ Emergency Contact #2: _____

Relationship to Player: _____ Relationship to Player: _____

Cell Phone: _____ Cell Phone: _____

INSURANCE INFORMATION

Insurance Company & Address: _____

Policy Number/Group Number: _____

Player's Physician: _____ Phone: _____

PARENT/LEGAL GUARDIAN SIGNATURE

This is to certify that I/We _____ the _____

Printed Name(s)

Parent/Legal Guardian

of the person listed above, do constitute and appoint the United States Tennis Association Incorporated (USTA) and its representatives the power to authorize and consent to the administration of any medical treatment deemed necessary on the above named minor. I also certify that the medical information provided is correct.

Signature of Parent/Legal Guardian: _____ Date: _____

MEDICAL HISTORY QUESTIONNAIRE

Please answer the following questions about your child’s medical history. If the answer to any question is ‘YES’, please provide the requested additional information below.

- 1. Has your child ever been hospitalized? Yes or No
- 2. Has your child ever had surgery? Yes or No
- 3. Has your child ever passed out during exercise? Yes or No
- 4. Has your child ever been dizzy during or after exercise? Yes or No
- 5. Has your child ever had chest pain during exercise? Yes or No
- 6. Does your child tire more quickly than your friends during exercise? Yes or No
- 7. Has your child ever had high blood pressure? Yes or No
- 8. Has your child ever been told that he/she has a heart murmur? Yes or No
- 9. Has your child ever had a racing heart or skipped heartbeats? Yes or No
- 10. Has your child ever had a head injury? Yes or No
Date of injury and treatment: _____
- 11. Has your child ever been knocked out or unconscious? Yes or No
- 12. Has your child ever had a seizure? Yes or No
- 13. Has your child ever had a “stinger”, “burner” or pinched nerve? Yes or No
- 14. Has your child ever had heat or muscle cramps? Yes or No
- 15. Has your child ever been removed or limited from play because of dehydration? Yes or No
- 16. Has your child ever passed out or been dizzy in the heat? Yes or No
- 17. Does your child have trouble breathing or does he/she cough during or after activity? Yes or No
- 18. Does your child use any special equipment (pads, braces etc)? Yes or No
- 19. Does your child have any problems with his/her eyes or vision? Yes or No
- 20. Does your child wear glasses or contacts or protective eyewear? Yes or No
- 21. Has your child ever sprained/strained, dislocated, fractured or had repeated swelling or other injuries to any bones or joints? Yes or No
- 22. Does your child have any skin problems (itching, rash, acne, etc.)? Yes or No
- 23. Does your child currently suffer or have they ever suffered in the past with an eating disorder? . Yes or No
- 24. Does your child have any dietary restrictions?..... Yes or No
- 25. If your child is female, has she had her first menstrual period? Yes or No
- 26. Please provide the date of your child’s last Tetanus Booster _____
- 27. Is your child under any current or ongoing medical treatment? Yes or No
- 28. Does your child have any physical conditions requiring restrictions on participation? Yes or No

Please explain any yes answers above:

Please list all Medications your child is currently taking (include inhalers):

Please list all known allergies:

Please list (including dates) any surgeries, hospitalizations, or injuries that resulted in having to stop tennis play:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

I hereby certify that the above named player is medically fit and clear to attend and participate in tennis programs at the USTA National Campus. I know of no impairments which would limit his/her participation in all program activities except those that I have listed above. The above mentioned player has undergone a health evaluation within the past year and may fully participate in all USTA National Campus programs.

Signature of Parent/Legal Guardian: _____

Date: _____