

Tennis Lesson Emergency Form

Tennis player information

Last Name		First Name		Home phone ()	
Street Address			City	State	Zip
		Date of Birth	Age	Gender M/F	

Parent/Guardian information

Last name (father/guardian)	First Name	Home phone	Work or cell phone	
Last name (mother/guardian)	First Name	Home phone	Work or cell phone	
Street address (if different from child)		e-mail address	City	Zip

Does the tennis player have any special medical condition (allergies, sensitivities to medications or any special conditions) that you feel we should know about?

Is the tennis player taking any medications?

Please list:

Medical Insurance Carrier	Policy #	Group #
Physician	Phone	Preferred Hospital
Dentist	Phone	

In case of injury, I give the tennis instructor, Susan Mills, permission to obtain necessary medical treatment. I understand any costs associated with necessary medical treatment are my responsibility.

Signature of Parent/Guardian:

_____ Date _____