



KID'S CLINIC SIGNUP FORM

Student Name: _____
Address: _____
Phone(s): _____
Grade _____ Age: _____ Gender: _____
Physical limitations: _____
Other pertinent information: _____

Parent/Guardian (if student is under 18):

Name: _____ Relationship: _____

Phone(s): _____

Name: _____ Relationship: _____

Phone(s): _____

E-mail: _____

I certify that the information provided above is true and correct and agree to the terms and provisions of this Medical / Health Form - Consent and Waiver as set forth below.

Date Signature (Parent/Guardian)

MEDICAL AND INSURANCE FORM (for player/guardian/minor)

I am the parent or legal guardian of the minor child identified above ("child") and the child is presently under my care and custody. I consent to the child's participation. I understand my child's participation in the event may involve physical activity, including physical activities that may include risks or inherent dangers that could result in personal injury and/or illness. I, for myself and on behalf of the child, hereby waive and release and agree to hold harmless Dan Burch, Burch Tennis, Copperfield Racquet & Swim and its officers, employees, staff, volunteers and contractors ("representatives") from any and all liability for injuries or illnesses incurred while participating in the activities incident thereto. I authorize Dan Burch, Burch Tennis through any of its representatives in their discretion, to act for me to seek medical attention for my child in the event of physical injury or illness and consent to the treatments for my child determined appropriate by any attending person from whom medical attention is sought (including physicians, nurses, emergency medical personnel and/or medical technicians). Dan Burch will attempt to contact me at the phone numbers listed above in the event of a physical injury or illness for which medical attention is sought if time and circumstances reasonably permit such contact. I understand that Dan Burch, Burch Tennis & Copperfield Racquet & Swim does not provide health insurance for my child and I agree I am fully responsible for any medical care expenses.

Dan Burch
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859-280-7203 (fax)
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