

**TEXAS TECH TENNIS CAMP
MEDICAL STATEMENT & RELEASE FORM**

We are enrolling our child _____ in the TEXAS TECH TENNIS CAMP to be held in Lubbock, TX on:

I state to you that my child is in excellent physical condition and that in no way should his / her activities be limited, or participation hindered because of any physical ailment. I assume full responsibility for my child's physical condition and you should proceed with him / her in all activities with full confidence in my statement. If my child's physical condition should change between the time of this statement and the time your camp begins, I will notify you. During the time that my child is at your camp, if any emergency arises involving the physical well being of my child, I give you full permission and authority to take such steps as are reasonable necessary, in your own good judgment, to protect and assist my child. I ask that you proceed in the way you would if your own child were involved, and I release you from all responsibility for such actions. I agree that I will pay any hospital expenses, doctor bills or any other expenses that may be incurred as a result of treatment given my child for camp related injuries **IN EXCESS OF THAT PROVIDED BY THE CAMPER'S INSURANCE**. I understand that the "CAMPER'S INSURANCE" does not cover any expenses incurred as a result of illness. I make these statements and commitments as consideration for your allowing my child to be enrolled in your camp and to take part in all of its activities.

(PARENTS SIGNATURE) _____
(DATE)

This statement must be properly signed and returned on or before the first day of camp!

HOME: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ DATE OF BIRTH: _____

PARENTS OR GUARDIAN: _____

EMERGENCY PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

DATE OF LAST MEDICATION: _____

DISEASE HISTORY: Check if your child has ever had any of the following and when:

	Yes	No	Year		Yes	No	Year
Tuberculosis	___	___	___	Asthma	___	___	___
Poliomyelitis	___	___	___	Epilepsy	___	___	___
Rheumatic Fever	___	___	___	Diabetes	___	___	___
Heart Disease	___	___	___	Allergies	___	___	___

Other: _____

Injuries and Operations: _____

IMMUNIZATIONS (YEAR)

Diphtheria ___ Tetanus ___ Sabin ___

Is your child taking any medication? ___ for _____

Ever taken any of the following: Sulfa Drugs ___ Penicillin ___

Adverse reactions to any drugs or antibiotics: _____

CAMP COVERAGE: \$1,000.00 MAXIMUM ACCIDENTAL INJURIES