



### Medical form

Please complete the entire form. It is important to ensure proper medical care. When older participants are seen for minor illnesses or injuries, they are encouraged to inform their parents themselves. However, with younger participants in almost every instance or with older participants with more serious problems, the physician or staff member will try to contact the parents to inform them of the problem and discuss treatment. Occasionally, we are unable to reach parents immediately. The parent's signature on the medical treatment authorization below allows treatment in these circumstances.

**Program (s) attending** \_\_\_\_\_

#### I. Personal information

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: DD \_\_\_\_\_ MMM \_\_\_\_\_ YYYY \_\_\_\_\_ Age: \_\_\_\_\_ Sex:     Male     Female

Home Address (include postal code or zip)

\_\_\_\_\_  
\_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Parent Cell phone: (\_\_\_\_) \_\_\_\_\_

In case of emergency notify: (name of parent or contact) (relationship)

\_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ Office phone: (\_\_\_\_) \_\_\_\_\_

Alternate Contact Information: (name/relationship)

\_\_\_\_\_

Health Card Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

## II. Background

Please provide any pertinent information regarding your child's current health, past medical history, and/or medications taken, that may help us better coach/teach your child and which can assist medical staff should an emergency occur.

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Please list any medications being taken and include dose & frequency.

Have you ever had any of the following: (please check) Allergies: \_\_\_\_\_

\_\_\_\_\_ Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Diabetes \_\_\_\_\_ Bleeding disorder \_\_\_\_\_ Heart condition

## III. Insurance information

Outside of Canada: – Please provide Primary Medical Insurance / Dental Insurance Information in the space below

## Medical treatment authorization and liability release

I, the undersigned acknowledge that I am the parent or guardian of, \_\_\_\_\_ and do hereby grant my permission for him/her to participate in the Niagara Academy of Tennis Inc. programs, and to actively and fully participate in all activities thereof. In the event of an injury or illness during these activities, my signature indicates that I agree to allow medical treatment even if I cannot be contacted, and authorize Niagara Academy of Tennis Inc. and/or the local hospital to provide the needed medical treatment they deem necessary. I hereby release Niagara Academy of Tennis Inc. and all members of the program's staff, the host facility and its staff, the local hospital and their doctors, agents, employees, and representatives, and all officers of Niagara Academy of Tennis Inc. from any and all claims and liability arising in any way out of its exercise of this authority. I understand and agree that all bills for any medical/dental care and treatment will be forwarded to the undersigned and/or insurance company, and that it will be my responsibility to see that such bills are paid. I further acknowledge, understand, and agree that in participating in this activity there is a possibility of physical illness or injury and that I, as parent or guardian of the participant, am assuming the risk of such injury by his/her participation and release Niagara Academy of Tennis Inc, the program's staff, the host site and it's staff, and all affiliated with or participating in the Niagara Academy of Tennis Inc, from all liability, claims, obligations or responsibility for personal property losses, accidents or injuries of any kind. I understand the inherent risks of the training process for an athlete and recognize that the program is strenuous. I understand the activities that are carried out during the program. I further authorize the program staff to administer non-prescription analgesics for minor medical problems such as headaches, etc. unless I have requested otherwise.

\_\_\_\_\_  
Parent / Guardian Signature and relationship

\_\_\_\_\_  
Player's signature (if over 18 years of age)

\_\_\_\_\_  
Date

