



# COLLEGE TENNIS Exposure Camp™

## Instructions

This form is fillable with recent versions of Adobe Reader. Click on each field and type. To save the form with your information, click File > Save As and select a location to save the form. Or print this form and fill it in by hand.

For more information on working with fillable PDFs, visit this link: [Adobe Help](#)

## Camp Medical Form

This form must be completed and returned prior to participation in the program.

Player Name \_\_\_\_\_

Player Date of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent Work Phone \_\_\_\_\_

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Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

Plan Type \_\_\_\_\_

Co-payment (if applicable) \_\_\_\_\_

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If parent is not available in an emergency notify:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

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Health History

Diabetes

Heart Problems

Asthma

Allergies

Operations, serious illness or injuries (provide dates):

Is the child taking any medication? (If yes, please list.)

PARENT'S AUTHORIZATION

This health history is correct so far as I know and the person here-in described has permission to engage in all camp activities. In the event that I, or persons named above in case of emergency cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to hospitalize and/or administer proper medical treatment for my child as named above. I also understand that I will be held responsible for the payment of my child's medical bills.

Parent's Signature\_\_\_\_\_ Date\_\_\_\_\_