



### MEDICAL RELEASE & INSURANCE COVERAGE INFORMATION

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Phone for Company \_\_\_\_\_  
Address \_\_\_\_\_

### HEALTH INFORMATION

List any allergies, regular medications or any other physical disorders that might interfere with your child's active participation:

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

I hereby give Van Der Meer TennisUniversity permission to administer the following medication as needed for minor headaches and/or muscle aches:

Aspirin    Non-Aspirin    Other \_\_\_\_\_

### RELEASE OF INJURY/DAMAGE/ PERMISSION TO TRANSPORT

I understand that in the event of an accident, illness or medical emergency, I will be notified. In the event that I cannot be reached by telephone, I authorize any medical treatment (X-rays, examinations, prescription drugs, etc.) deemed necessary by a licensed physician for my child.

The undersigned hereby releases and holds harmless Van Der Meer TennisUniversity and their respective shareholders, affiliates, subsidiaries, employees, directors and attorneys (collectively the "Releasees") from and against any and all loss, illness, injury, accident or death to the child traveling to and from, or participating in any activity with the Van Der Meer Academy Training Program, Junior camp programs, tournaments, or any other program or activity associated with or conducted by Van Der Meer TennisUniversity.

Parent/Guardian (print) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

2nd Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

**This form must be received prior to the first camp session. An original signature is required.**