

TAKE IT TO THE NEXT LEVEL

RELEASE FORM – MEDICAL/TRANSPORTATION

Medical Information Form for (name)
Permission to Treat/Medical Release: (We), the parent(s)/guardian, understand that in the event of accident, illness, or medical emergency, I will be notified mmediately. In the event that I cannot be reached by telephone, I authorize any medical or surgical treatment (x-rays, xaminations, prescription drugs, emergency surgery, etc.) deemed necessary by a licensed physician. I also certify that he player has proper medical insurance and understand that Van Der Meer Tennis Academy is not responsible for nedical expenses that may occur during his/her stay.
Signature of Parent/Guardian:
Telephone:
mergency Contact Person:
elephone:
Health Information: njuries/medical conditions (previous/current)
Regular medications taken by player:
Illergies (medications/environmental):
special needs (dietary, etc)
Release of Liability/Permission to transport: The undersigned certifies to be the parent or guardian of the below named player and both parent and player are bereby agree to the following as attested to by the following signatures: The player and parents release Van Der Meer, its agents, owners, and employees from any claims for any and ill injury, loss, accident, or death that may occur to the player during their stay with Van Der Meer Tennis academy and at tournaments, during travel to and from any tournaments or activities, or at any other camp occations, programs, or activities associated with Van Der Meer Tennis Academy.
Parent/Guardian Signature:Player Signature: Player Signature: Date:



Name

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Consent for use of Person and/or Likeness by Van Der Meer Tennis University, Inc.

noticed the extensive use of videos, cameras, and other n because you volunteered or incidentally. We use the	ts here at Van Der Meer Tennis University, you have probably nedia. You could be on Van Der Meer's candid camera Either nese videos, pictures, and other media in our promotions, o impossible to participate in a Van Der Meer program and not eed you to complete the consent form below.
not-for-profit purposes, of my name, my persona, my like of me either still or moving, audio or visual recordings and/or not-for-profit purposes include but are not limited videos, instructional materials, television displays, web-bunderstand that I expressly assign my rights of privacy and University, Inc.'s commercial advertising, for-profit, and/or my written testimonials, pictures, photographs, or videos	ereby consent to the use, by Van Der Meer Tennis University, nnis University, Inc.'s commercial advertising, for-profit, and/or eness, my written testimonials, pictures, photographs, or videos of me, and the like. Such commercial, advertising, for-profit, d to publications, advertisements, written materials, brochures, ased displays, and the like. By signing this Consent, I further nd publicity in connection with the use by Van Der Meer Tennis r not-for-profit purposes, of my name, my persona, my likeness, of me either still or moving, audio or visual recordings of me her still or moving, audio or visual recordings of me, and the like Meer Tennis University, Inc. and its affiliates and assigns.
Name:	Date:
Address:	Signature:
If under 18 years old, Name of Parent/Legal Guardian: Signature of Parent/Legal Guardian:	
Witnessed by :	Signature: