



VAN DER MEER
TENNIS ACADEMY

TAKE IT TO THE NEXT LEVEL

Sales Office: 800.845.6138

Pro-Shop: 843.785.8388

E-MAIL: customerservice@vdmtennis.com

Website: www.vdmtennis.com

YOUTH RELEASE FORM – MEDICAL/TRANSPORTATION

Name of Player: _____ **Date of Camp:** _____

D.O.B: _____

Permission to Treat/Medical Release:

I (We), the parent(s)/guardian, understand that in the event of accident, illness, or medical emergency, I will be notified immediately. In the event that I cannot be reached by telephone, I authorize any medical or surgical treatment (x-rays, examinations, prescription drugs, emergency surgery, etc.) deemed necessary by a licensed physician. I also certify that the player has proper medical insurance and understand that Van Der Meer Tennis Academy is not responsible for medical expenses that may occur during his/her stay.

Signature of Parent/Guardian: _____

Telephone: _____

Email: _____

Address: _____

Emergency Contact Person: _____

Telephone: _____

Health Information:

Injuries/medical conditions (previous/current) _____

Regular medications taken by player: _____

Allergies (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 hereby 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 all 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 locations, programs, or activities associated with Van Der Meer Tennis Academy.

Parent/Guardian Signature: _____

Player Signature: _____

Date: _____



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PHONE: 843.785.8388 / 800.845.6138 opt. 5 ext. 140 FAX: 843.785.7032
E-MAIL: customerservice@vdmtennis.com WEBSITE: www.vdmacademy.com

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

While participating in programs, lessons, and other events here at Van Der Meer Tennis University, you have probably noticed the extensive use of videos, cameras, and other media. You could be on Van Der Meer's candid camera.... Either because you volunteered or incidentally. We use these videos, pictures, and other media in our promotions, advertisements, and other presentations. As it is next to impossible to participate in a Van Der Meer program and not appear in a video, picture, or other media recording, we need you to complete the consent form below.

I, _____, do hereby consent to the use, by Van Der Meer Tennis University, Inc., and its affiliates and assigns, for Van Der Meer Tennis University, Inc.'s commercial advertising, for-profit, and/or not-for-profit purposes, of my name, my persona, my likeness, my written testimonials, pictures, photographs, or videos of me either still or moving, audio or visual recordings of me, and the like. Such commercial, advertising, for-profit, and/or not-for-profit purposes include but are not limited to publications, advertisements, written materials, brochures, videos, instructional materials, television displays, web-based displays, and the like. By signing this Consent, I further understand that I expressly assign my rights of privacy and publicity in connection with the use by Van Der Meer Tennis University, Inc.'s commercial advertising, for-profit, and/or not-for-profit purposes, of my name, my persona, my likeness, my written testimonials, pictures, photographs, or videos of me either still or moving, audio or visual recordings of me and the like. I further consent to the lawful use of me either still or moving, audio or visual recordings of me, and the like by others receiving such materials lawfully from Van Der Meer Tennis University, Inc. and its affiliates and assigns.

Player Name: _____

Date: _____

Signature: _____

If under 18 years old

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Tel. No: _____