

**(Please print, complete and sign the following forms and return, along with your \$50.00 deposit, to Thompson Woods Tennis Camp)**

**Medical Release**

I, \_\_\_\_\_, the legal guardian of the above-named camper, authorize the Thompson Woods Tennis Camp staff to seek medical treatment for the camper as they see necessary at Montgomery Regional Hospital or another nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the camp staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as she/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Camp staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Camp staff will notify me or my designee as soon as possible of any and all diagnoses and treatments.

Parent/Legal Guardian \_\_\_\_\_

**Off-Campus Activity Release**

I hereby give my permission for \_\_\_\_\_ to attend an off-campus activity with the Thompson Woods Tennis Camp. I understand campers will be transported by cars or vans driven by Thompson Woods Tennis Camp staff members. I do not hold Thompson Woods Tennis Camp, Virginia Tech University, the Directors of the Thompson Woods Tennis Camp, or any staff member of the Thompson Woods Tennis Camp liable in case of injury.

Parent/Legal Guardian \_\_\_\_\_

**Likeness Consent**

I hereby consent and grant full authorization, permission and right, without compensation to me, to Thompson Woods Tennis Camps to use any photograph, videotape, motion picture, recording or any other likeness of the undersigned camper taken while participating in the camp, for training, educational, demonstrative or promotional purposes including, but not limited to promotional brochures, posters, advertisements or other print medium, television, internet or other communications medium.

Parent/Legal Guardian \_\_\_\_\_

Camper \_\_\_\_\_

**Medical History Form**

This form must be completed and signed by the camper's legal guardian. The information we ask you to provide is necessary in the event your child needs medical treatment while camp is in session. This form will be returned to you if it is incomplete. Please type or print in black ink.

**CAMPER INFORMATION**

Camper's Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Permanent Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_

**MEDICAL EMERGENCY CONTACT INFORMATION**

Person to contact first:

Name \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Daytime Phone(\_\_\_\_\_) \_\_\_\_\_

Evening Phone(\_\_\_\_\_) \_\_\_\_\_

Backup contact (relative or friend):

Name \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Daytime Phone(\_\_\_\_\_) \_\_\_\_\_

Evening Phone(\_\_\_\_\_) \_\_\_\_\_

Completion of this form by a parent or guardian is required before a student can enter camp. Please answer all questions. Attach any specific recommendations from your physician to this form.

DOES THE CAMPER CURRENTLY HAVE ANY OF THE FOLLOWING?(if yes, please describe)

Drug allergies: none \_\_\_\_\_

Food allergies: none \_\_\_\_\_

Allergies to insect bites: none \_\_\_\_\_

Special dietary needs: none \_\_\_\_\_

Asthma: none \_\_\_\_\_

Frequent headaches: none \_\_\_\_\_

Dizziness or seizures: none \_\_\_\_\_

LIST:

Other health problems: none \_\_\_\_\_

Medications the camper is currently taking: none \_\_\_\_\_

(Please note: Our staff cannot administer any medications, prescription or non-prescription, to campers. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the camper will need to take medications while attending our program, s/he must bring the medication to camp and assume responsibility for taking it as needed or indicated.)

Will your son/daughter require any specific treatment for a medical/emotional condition while participating in our program? If yes, please explain. YES | NO

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

**MEDICAL HISTORY**

IMMUNIZATION DATES: Date of last medical check-up: \_\_\_\_\_

Measles \_\_\_\_\_ Reasons for any hospitalizations in the past 5 years:

Mumps \_\_\_\_\_ none \_\_\_\_\_

Rubella \_\_\_\_\_

OR MMR (combined) \_\_\_\_\_

Last Tetanus (DPT or TT or TD) \_\_\_\_\_

Polio Series completes \_\_\_\_\_

**PHYSICIAN'S PERMISSION / INFORMATION**

I have examined the above-named patient and found she/he to be able to participate in all activities of the Thompson Woods Tennis Camp...

Physician's Signature \_\_\_\_\_

Please PRINT the following information:

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

**Personal Insurance Form**

The above-named child is covered by health insurance: Yes No

If yes, provide the following information which is required by Montgomery Regional Hospital to expedite treatment and to facilitate the billing process.

Policy Holder's Name \_\_\_\_\_

Policy Holder's Date of Birth \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Policy Holder's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

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

Insurance Company's Address \_\_\_\_\_

Policy # \_\_\_\_\_

Plan # \_\_\_\_\_

Camper's Name \_\_\_\_\_