

Rallyball Consent/Emergency Authorization Form

Player Name: _____ School: _____

Grade: _____ Age: _____ Date: _____

I, the undersigned parent/guardian of the child named above, hereby give my consent for such child to participate in the Rallyball Tennis League put on by Chris Michalowski (TENX Group), the USTA and USTA volunteers

I hereby hold the above parties and all volunteers and agents harmless for injuries sustained by such child as a result of participation in the Rallyball Program. I agree to assume full financial responsibility for medical treatment necessary as a result of any such injury.

The undersigned does hereby grant to the individuals (names of coaches) listed below the responsibility for care of the child.

Name

Name

Or, in the event neither of these individuals is available, I grant the attending hospital emergency room physician and/or nurse the limited power of attorney to act for me and to give the required consent and authorizations for the delivery of medical care, diagnosis and treatment, including surgical intervention, if necessary, on behalf of my minor child named above.

Parent/Guardian Signature: _____ Phone #: _____

Name of Parent/Guardian: _____ Work Phone #: _____

Address: _____ Emergency Phone # _____

Emergency Contact Person: _____ 2nd Emergency #: _____

Private Physician: _____ Physician Phone #: _____

Insurance Company: _____ Policy #: _____

Date of Last Tetanus Immunization: _____ Known Allergies/Significant Medical]

History: _____
