

Bill Carico's Tennis Camp - *(affiliated with Campbell County Parks and Recreation Dept.)*

MEDICAL STATEMENT & RELEASE FORM AND LIABILITY WAIVER

We are enrolling our child _____(name) in Bill Carico's TENNIS CAMP to be held at the Rustburg High School courts in Rustburg, VA on (circle dates) June 13-17, 2011; June 20-24, 2011.

I state to you that my child is in excellent physical condition and that in no way should his / her activities be limited, or participation hindered because of any physical ailment. I assume full responsibility for my child's physical condition and you should proceed with him / her in all activities with full confidence in my statement. If my child's physical condition should change between the time of this statement and the time your camp begins, I will notify you. During the time that my child is at your camp, if any emergency arises involving the physical well being of my child, I give you full permission and authority to take such steps as are reasonable necessary, in your own good judgment, to protect and assist my child. I ask that you proceed in the way you would if your own child were involved, and I release you from all responsibility for such actions. I agree that I will pay any hospital expenses, doctor bills or any other expenses that may be incurred as a result of treatment given my child for camp related injuries. I understand that Bill Carico's Tennis Camp does not cover any expenses incurred as a result of injury or illness. I make these statements and commitments as consideration for your allowing my child to be enrolled in your camp and to take part in all of its activities. By signing below, to the fullest extent permitted by law, I hereby release, discharge and agree to hold harmless and indemnify Bill Carico and all of his agents, assistants, and volunteers, and all personnel affiliated in any way with Campbell County Parks and Recreation Dept., from any legal responsibility for suits, claims, or losses, judgments, damages and expenses (including reasonable attorneys fees), whatever their nature, arising out of or in any way connected with any accident or injury that my child may be involved in during this time period, or arising out of or connected in any way to any other event that may occur from participation in Bill Carico's Tennis Camp.

(PARENTS SIGNATURE)

(DATE)

This statement must be properly signed and returned on or before the first day of camp!
Mail to Katie Hyatt, 9916 Village Hwy, Concord, VA 24538
Questions? Call 830-385-4148

HOME: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ MOBILE PHONE: _____ DATE OF BIRTH: _____

PARENTS OR GUARDIAN: _____ PHONE NUMBERS: _____

EMERGENCY PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

DATE OF LAST MEDICATION: _____

Is your child taking any medication? _____ for _____

Adverse reactions to any drugs or antibiotics: _____