

**DeWitt Tennis Center – Hope College – Permission/Medical release form**

Name of Minor: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Person to Notify: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary hone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy Holder's name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_ List any allergies: \_\_\_\_\_

List any medication (s) taken regularly: \_\_\_\_\_

List any medical limitations which may hinder participation in activities (asthma, diabetes, etc):

\_\_\_\_\_

List any special medical information: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, a minor, hereby acknowledge that said minor is presently under my care and custody. I hereby give said minor permission to go and to participate in activities with the DeWitt Tennis Center of Hope College, Holland Michigan. In the event there arises an emergency, necessitating medical or surgical attention, I hereby give my permission and consent to the DeWitt Tennis Center, it's representatives or trip leaders to make decisions to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent or legal guardian of said minor do release, acquit, discharge, and covenant to hold harmless the DeWitt Tennis Center, Hope College, its representatives, or trip leaders from any and all actions, damages, and/or liabilities arising from any accident or sickness, or treatment, thereof, incurred by said minor during activities with the DeWitt Tennis Center.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_