

**Marcus Lewis Tennis Center  
Ultimate Tennis Camp and Junior Training Camp  
Emergency Contact Information  
Authorization and Consent  
REQUIRED**

**Authorization and Consent**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child \_\_\_\_\_ (child's name). However, if I cannot be reached, I hereby authorize the Marcus Lewis Tennis Center to transport my child to Emerson Hospital and to secure for my child the necessary medical treatment. I understand there is always a staff person on duty who is trained in the basics of First Aid and I authorize him/her to give my child first aid.

In case of emergency, give names of persons who can be called and are authorized to pick up your child if we cannot reach a parent:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child's Identifying Information** (Required by the Office of Children Regulations)

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Gender: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

This release is provided to allow my child to participate at the Marcus Lewis Tennis Center (MLTC). My signature is a condition of your permitting my child to participate. I agree that you may photograph and record my child during his/her participation at the MLTC and that the MLTC shall be the exclusive owner of all such copyright material. In addition, I certify that my child is in good physical condition and may participate in all activities associated with the MLTC. I hereby release and absolve the MLTC from any and all liability, and will not hold the MLTC responsible for any personal injury, property damage and/or any other loss suffered by my child in connection with his/her participation in the MLTC programs.

ENROLLMENT AGREEMENT: My signature indicates that I have read, understand and agree to the policies and information stated in this enrollment Form:

Name: \_\_\_\_\_ Date: \_\_\_\_\_