



## Athlete's Information

Full Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Phone # \_\_\_\_\_

## Parent/Guardian Information

Name \_\_\_\_\_  
Cellphone \_\_\_\_\_  
Email \_\_\_\_\_

## Emergency Information

Emergency Contact  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Alt Phone \_\_\_\_\_  
\_\_\_\_\_

Allergen info \_\_\_\_\_

Select Camp Week(s)

- December 21, 22, 23
- December 28, 29, 30

Sports Camp \$240pp per week. Includes instruction in golf, fitness, tennis, pickle ball, and bocce each day.



### **Informed Consent and Acknowledgement**

I hereby give my approval for my child’s participation in any and all activities prepared by Plantation Bay Tennis during the selected camp. In exchange for the acceptance of said child’s candidacy by Plantation Bay Tennis I assume all risk and hazards incidental to the conduct of the activities, and release, absolve, and hold harmless Plantation Bay Tennis and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Plantation Bay Tennis including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including tennis, golf, fitness, and swim. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

### **Medical Release and Authorization**

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medial professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examinations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to Plantation Bay and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child’s admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed on my own free will, with the sole purpose of authorizing medical treatment under emergence circumstances, for the protection of life and limb of the named minor child, in my absence.

Signature \_\_\_\_\_  
Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Total Amount Due \_\_\_\_\_ Payment Type  
Cash or Venmo  
Check – make out to Michelle Brown  
Charge – Club Account  
Credit Card

Received by: \_\_\_\_\_ Date: \_\_\_\_\_