



# Junior Summer Tennis Camps

Camp Date(s) \_\_\_\_\_ Date (s) \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/Guardian Name - Please Print \_\_\_\_\_  
 Emergency Phone Numbers Cell \_\_\_\_\_ Work \_\_\_\_\_

**Important Medical Information**

Medications \_\_\_\_\_  
 Allergies to Food or Drugs \_\_\_\_\_

## Authorization To Treat A Minor

I, (WE), the undersigned parent, parents, or legal guardian of \_\_\_\_\_ do hereby authorize consent to an x-ray, examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision or any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California of Public Health. It is understood that the effort shall be made to contact the undersigned prior to rendering treatment. Treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of the Section 25.8 of the Civil Code of California.

Signature \_\_\_\_\_ Date: \_\_\_\_\_