

Please provide any **additional information** about the participant's behavior and physical, emotional, or mental health about which the camp should be aware: _____

Name of family physician _____ Phone _____

Address _____

SCREENING RECORD (For Camp use only) Screened by _____

Date screened _____ Time _____ am/pm Updates to health history noted? []yes []no []n/a

Current health needs identified _____

Observational notes _____

LIABILITY WAIVER

All persons who use facilities such as Nassau Racquet & Tennis Club for purposes of exercise, athletics, health and related activities, assume the risk of injury and property damage.

I recognize and acknowledge that there are certain risks of physical injury inherent in the named minor's participation in this program. He/she understands that he/she must obey all rules and regulations, follow all safety procedures and obey any and all instructors, assistant instructors and staff members assigned to the program. My child and I understand the risks associated with this program and my child and I have agreed to accept our responsibility in making this program a safe one.

I certify that the minor is in proper physical condition for safe participation in the Nassau Racquet & Tennis Club Junior Tennis Camp, including swimming activities, and I agree that it is incumbent upon me to immediately inform the Nassau Racquet & Tennis Club should the minor's physical condition change at any time prior to or during his/her participation in the program.

I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the Laws of the State of New Jersey, and that if any portion of the agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect and be valid.

In Consideration of the Nassau Racquet & Tennis Club permitting the named minor to participate in the Junior Tennis Camp, including swimming activities, I(we) the undersigned parent(s) or legal guardian(s) hereby waive and relinquish all claims I (we) may have as a result of said minor participating in the program against the Nassau Racquet & Tennis Club, its officers, agents, servants and employees. We further release and discharge the Nassau Racquet & Tennis Club, its officers, agents, servants and employees from any and all claims for injuries including death, damage or loss to property which may accrue to us on account of the minor's participation in said program and we further agree to hold harmless and defend the Nassau Racquet & Tennis Club, its officers, agents, servants and employees from any and all such claims.

Finally, I understand there is no provision for medication administration at Camp.

Signature of Parent/Legal Guardian

Print Minor's Name

Print Name

Date

EMERGENCY CONTACT(S): (Name and Phone Number)

