



Medical Form & Parent/Guardian Waiver

Player Name: _____ Level: _____

Parent/Guardian Name: _____ Phone #: _____

Please do not contact me via *TEXT* messaging *As a service KGTA sends text message notifications and reminders to all players & parents. Should you wish to opt out of this service, please be sure to check the box above.*

Emergency Contact Information

Contact Name: _____ Relationship: _____

Phone Number: _____ Alt. Number: _____

Health Insurance Information

Carrier Name: _____ Phone Number: _____

Many insurance agencies are different. Please fill out the "number" that is associated with yours.

Group Number: _____ Policy Number: _____

Subscriber Number: _____

Preferred Hospital (in case of an emergency): _____ City: _____

Phone Number: _____ Doctor's Name (if known): _____

Medical Conditions and Medications

Asthma Diabetes High Blood Pressure Heart Disease Other: _____

Any Known Allergies? Y / N (please circle one) If yes, please list any accomidations/medications needed:

Medical/Injury Waiver

This is to certify that I, _____, in the event of a medical emergency give the Kim Grant Tennis Academy staff the authority to act on my behalf if any medical care is needed. This includes, but is not limited to, first aid, injury prevention, emergency transportation, medication administration and/or any on-site care. I also understand that by signing this form I release the Kim Grant Tennis Academy of all liability both on and off court.

Parent/Guardian Signature: _____ Date: ____/____/____