



**Shrewsbury Athletic Club at Your School
Emergency/Medical Information & Program Waiver**

Student's Name: _____

Age: _____ D.O.B: _____

Grade: _____

Address: _____

Phone: _____ Child Lives with: _____

Parent's Name: _____ Phone: _____

Cell: _____

Address: _____ EmailAddress: _____

Additional Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

Family Physician: _____ Phone: _____

Insurance Name: _____

Policy Holder: _____ Policy #: _____

Hospital Name: _____ Phone: _____

Has your child played tennis before: _____

Is your child taking any medication for an on-going condition?

Condition: _____

Medication: _____ Dosage: _____

Do you know of any reason that your child would not be able to participate in any class activities? If yes, please explain.

Does your child have a current Physical Exam/Updated Immunization Record on file in the physician's office? _____

Please indicate if your child has any of the following:

Allergy (Indicate Type): _____

Bee and/or Food (requires Epi-Pen): Y N

Heart Condition: Y N

Orthopedic Problems: Y N

Emotional/Adjustment Difficulties: Y N

(Over)

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Is there anything occurring in your child's life that would have an effect on him/her at class (i.e. marriage, divorce, new baby, move, etc.)? _____

IMPORTANT: In the event that I am unable to be reached, I authorize the Physician/staff at the nearest hospital to treat my child. I authorize the staff from Shrewsbury Athletic Club to provide first aid and to make any necessary transportation arrangements.

HEALTH INSURANCE COVERAGE: I, the parent/guardian have adequate health and accident coverage for my child. I agree to advise Shrewsbury Athletic Club of any changes in the health status of my child if any occur during the term of the program/activity.

GENERAL RELEASE: I, the parent/guardian of the participant, do hereby give permission for my child to participate in the Shrewsbury Athletic Club program and agree, on behalf of myself, my child, my assigns, executor and heirs, to release, indemnify and hold harmless Shrewsbury Athletic Club, affiliated organizations and sponsors and trustees, officers, agents, instructors and employees of each of them (collectively, "Shrewsbury Athletic Club") from any cause of action, claims or demands, of any nature whatsoever, including but not limited to any claims of negligence, while I, my child, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against Shrewsbury Athletic Club on account of personal injury, injury to my child, property damage, death or accident of any kind arising out of or in any way related to his/her presence at or participation in any event, program or activity, including, without limitation being instructed in using equipment for or participation in any program/activity.

MEDIA RELEASE: I hereby give permission for images of my child, captured during regular and special Shrewsbury Athletic Club activities through video, photo and digital camera, to be used solely for the purposes of Shrewsbury Athletic Club promotional material and a publication including the organization's Web site, and waive any rights of compensation or ownership thereto.

Should your child become a disciplinary problem that is disruptive to the class experience for him/her or others, the Shrewsbury Athletic Club staff reserves the right to terminate your child's experience with no refund. One warning will be given to both the parents and the student before expulsion.

My Child and I understand that there are certain rules involved in class activities, sports and games. Injuries include: muscle strains and sprains from movement, running, jumping and broken or sprained limbs from falls. I will follow class rules, including activity precautions given by the class staff to help prevent and reduce the incident of injury.

Student's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____