

**WTT Philadelphia Freedoms Match
Monday, July 15, 2019**

(Junior Participant Age 8-18)

Name: _____

Emergency Contact: _____

Emergency Phone: _____

Relationship to Participant: _____

Insurance Carrier: _____

Address: _____

City: _____ State: _____ Zip: _____

Policy #: _____

Insurance Phone #: _____

Does the Participant have a History of Medical Problems? Y - N

If Yes - Explain: _____

Allergies? Y - N

If Yes - Explain _____

Does the Participant require special Medication? Y - N

If Yes - Explain/Type: _____

I understand that I am financially responsible for any medical bills incurred by my child while attending the WTT Philadelphia Freedoms match or on any property owned by Franklin & Marshall College. In case of an emergency, I grant permission for my child to be given emergency treatment by the appropriate medical personnel.

In consideration of the use of premises and or facilities owned or operated by Franklin & Marshall College and the Lancaster Tennis Patrons Association and/or in consideration of permitting to participate in the activity listed above, on behalf of myself, my heirs, executors, administrators, successors or assignees, I hereby release and forever discharge the Lancaster Tennis Patrons Association and Franklin & Marshall College, its agents, servants and employees of and from any and all manner of actions, causes of actions, suits, damage, claims and demands, on account of personal injury, including death, or other cause whatsoever, which I may have against them by reason of or arising in the above listed activity.

Parent/Guardian Signature

Date

Return To: F & M Athletics, Attn: Tennis ACES, PO Box 3003, Lancaster, PA 17604

REMINDERS:

- Wear Tennis ACES Shirt
- Belongings will be inspected

TRIP INCLUDES:

- Tickets
- Transportation
- Chaperones 1:5 ratio

Cost-\$5.00 for Juniors

(Payable online w/registration at
Ltpatennis.org)