

Clemson Top Tiger Fall Tennis Clinic - Medical Form

Please note a physical within the past year is required or you may attach a copy of a high school sports physical in lieu of the signature.

MEDICAL FORM MUST BE SUBMITTED BY November 14th

Mail to: **Clemson Tiger Fall Tennis Clinic, PO Box 1251, Clemson, SC 29633** or fax to **864-656-6386**

NAME _____ DOB ____/____/____ Male/Female (circle one)
Last First MI

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Father/Guardian Phone: work/home (____) _____ - _____ cell: (____) _____ - _____

Mother/Guardian Phone: work/home (____) _____ - _____ cell: (____) _____ - _____

EMERGENCY CONTACTS (other than parent)

1. _____ Relationship to camper _____

PHONE (____) _____ - _____ CELL PHONE (____) _____ - _____

******Please make a copy of your insurance card and attach to this medical form. Thank You! ******

HEALTH INSURANCE COMPANY NAME _____

POLICY NUMBER _____ PHONE NUMBER: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MEDICAL HISTORY

List all medications camper is currently taking _____

Does camper have loss of paired organ, i.e./ kidney, eye? YES _____ NO _____

If yes, what organ(s) _____

Date of last tetanus immunization _____

I hereby state that **Clemson Tiger Fall Tennis Clinic** is not responsible for any pre-existing injury or illness of the above camper prior to the first day the camper registers, and Clemson Tiger Fall Tennis Clinic will assume responsibility only for injuries or illness occurred while the above camper is participating in camp activities under supervision during enrolled camp period, up to the limits of the purchased camp insurance.

(Signature of Parent/Guardian)

(Date)

CONSENT FOR MEDICAL TREATMENT/PARENTAL PERMIT/RELEASE OF MEDICAL INFORMATION

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

I give permission for such diagnostic, therapeutic, and operative procedure as may be deemed necessary for my son/daughter.

I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payment in full of any charges incurred.

Signed _____ Relationship _____ Date _____

******PHYSICIAN'S STATEMENT (requires a physical within a year of camp session)******

I hereby certify that I have examined _____, and found him/her physically fit to attend and participate in Clemson Tiger Fall Tennis Clinic. I know of no impairments which would limit his/her participating in all camp activities.

Physician's Signature _____

Date Examined _____ Phone: (____) _____ - _____

Address _____

City _____ State _____ Zip Code _____