

# The University of Tennessee at Martin

## SKYHAWK TENNIS CAMP APPLICATION

Name: \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Middle/High School \_\_\_\_\_

Experience:    Beginner            Intermediate            Advanced

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

In case of emergency, notify

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

The University of Tennessee at Martin is an EEO/AA/Title VI/Title IX/

Section 504/ADA/ADEA employer and complies with UT System

Policy No. HR0220. E05-0231-00-013-10

**Release and Assumption of Risk**

In consideration of my child's participation in the UT Martin Tennis Camp, I hereby release and agree to indemnify and save harmless the University of Tennessee, its successors, assigns, officers, agents, and employees from all claims, including liability for bodily injury of whatever kind, including loss of life or property arising out of said Tennis Camp. Furthermore, I acknowledge that there are risks inherent in my child's participation in the Tennis Camp and I fully assume all such risks, hazards and losses which are connected with such activities. I have read this waiver and knowing that the Tennis Camp is a potentially dangerous activity and in consideration of my child's participation in this activity, I for myself and anyone entitled to act on my behalf and/or my child's behalf, hereby waive and release the University of Tennessee, its officers, employees, or agents from all claims or liabilities of any kind arising out of my child's participation in this activity.

**Permission**

I hereby give my permission for my child's participation in summer camp activities at the University of Tennessee at Martin. Should emergency medical treatment be needed, I authorize the coach and/or staff, if I cannot be reached by telephone or because of the emergency no allowing sufficient time to make contact, to act on my behalf to approve any reasonable medical treatment deemed necessary by a licensed physician and/or hospital.

Parent's signature: \_\_\_\_\_

Parent's name (printed): \_\_\_\_\_

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_

Medical Insurance company: \_\_\_\_\_

Policy/Group number: \_\_\_\_\_

Insured's name: \_\_\_\_\_

Dependent's medications: \_\_\_\_\_

\_\_\_\_\_

Dependent's allergies or chronic medical conditions:

\_\_\_\_\_

In case of emergency, notify

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day phone: \_\_\_\_\_

Night phone: \_\_\_\_\_