

# YOUTH TENNIS TEAM REGISTRATION AND EMERGENCY FORM

The following children who were on the CSTC Youth Tennis Team last year, or qualified at try-outs, and will participate in team activities. This completed emergency form will be filed in the Club Office. Children will not be permitted to play until all forms are completed and the fees are paid.

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Allergies, medications, physical impairments or anything else the coach needs to know.

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I hereby give consent to the Canfield Swim and Tennis Club to apply first aid treatment to my children in case of an emergency until a doctor can be notified. YES \_\_\_\_\_ NO \_\_\_\_\_

In the event the designated physician is not available, I hereby give my consent to the Club to secure another licensed physician. YES\_\_\_\_\_ NO\_\_\_\_\_

I hereby give consent to the Club to secure an ambulance to transfer my child to the hospital in the event I cannot be reached. YES\_\_\_\_\_ NO\_\_\_\_\_

NOTE: This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists find it necessary.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Swim Club Parent Volunteer

**Jamie Miller**

**331 Findlay Ave.**

**Canfield, Ohio 44406**

**330-518-4423**