

# NORTHWOOD RACQUET & FITNESS CLUB

## CAMPER MEDICAL WAIVER & INFORMATION FORM

This form must be completed and submitted **before the first day of camp**. Campers may not participate without a completed waiver on file.

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### CAMPER INFORMATION

Camper Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Camp Enrolled In (check one):

- All Racquets Summer Camp
- High Performance Tennis Camp

Weeks Attending: \_\_\_\_\_

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### PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Emergency Contact (if different): \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

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### MEDICAL INFORMATION

Primary Care Physician: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

## Medical Conditions

Please list any medical conditions we should be aware of (asthma, seizures, diabetes, injuries, etc.):

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No known medical conditions

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## ALLERGIES (REQUIRED)

Please list **all allergies**, including food, medication, insect, or environmental allergies:

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No known allergies

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## FOOD ALLERGIES / DIETARY RESTRICTIONS

Please indicate any food allergies or dietary needs:

No food allergies

Nut allergy

Dairy allergy

Gluten allergy

Vegetarian

Other (please specify): \_\_\_\_\_

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## MEDICATION AUTHORIZATION

Will your child require medication during camp hours?

No

Yes (please list medication and instructions below)

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

Dosage & Instructions: \_\_\_\_\_

**Note:** Only parent-provided medication in original packaging will be administered.

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## CAMP SHIRT SIZE

Please select one:

- Youth Small
  - Youth Medium
  - Youth Large
  - Adult Small
  - Adult Medium
  - Adult Large
  - Adult XL
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## MEDICAL TREATMENT AUTHORIZATION

I authorize Northwood Racquet & Fitness Club staff to seek emergency medical treatment for my child if I cannot be reached. I understand that I am responsible for all medical expenses incurred.

- Yes
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## LIABILITY WAIVER & RELEASE

I understand that participation in camp activities involves physical activity and inherent risk. I voluntarily release, waive, and discharge Northwood Racquet & Fitness Club, its staff, coaches, and affiliates from any and all liability for injury, illness, or loss that may occur during camp participation, except in cases of gross negligence.

I acknowledge that Northwood Racquet & Fitness Club is **not responsible for lost, damaged, or misplaced personal items**, including electronics.

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## PARENT / GUARDIAN SIGNATURE

Parent/Guardian Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

## PHOTO & VIDEO / SOCIAL MEDIA AUTHORIZATION

Northwood Racquet & Fitness Club occasionally takes photographs and video recordings during camp activities for use in marketing, promotional materials, social media, and the club's website.

Please indicate your preference below:

**I GRANT permission** for my child to be photographed and/or recorded during camp activities, and for these images or videos to be used by Northwood Racquet & Fitness Club for promotional purposes, including social media, website content, and marketing materials.

**I DO NOT GRANT permission** for my child to be photographed or recorded for promotional use.

I understand that my child's name will **not** be publicly identified in connection with any images or videos.