



**PARENT'S APPROVAL AND EMERGENCY MEDICAL AUTHORIZATION
FOR PARTICIPATION IN ETC TENNIS AND SPORTS DEVELOPMENT PROGRAMS**

I hereby certify that _____ (player) has my approval to participate at home or away from home in Tennis and Sports Development Programs conducted by ELSAWY TENNIS CENTER for this year and subsequent years, unless I give written notice to the contrary. I understand and agree that the ELSAWY TENNIS CENTER and its employees, coaches and agents, assume no responsibility of liability for any accident or injury as a result of any aspect of participation in Tennis and Sports Development Programs. I understand and acknowledge that participation in Tennis and Sports Development Programs creates the potential for receiving an injury. With the knowledge of this potential risk of injury, I am giving my son/daughter permission to participate and accept full responsibility for this decision. In the event of an injury, permission is hereby granted to ELSAWY TENNIS CENTER representatives to render, secure, and/or authorize necessary medical treatment without further authorization from me. I understand that medical expenses for injuries will only be paid according to ELSAWY TENNIS CENTER'S (facility) rules, and such payments do not waive ELSAWY TENNIS CENTER from general immunity or create any liability for injuries or damages. I acknowledge that Youth Development Program is not a USF-operated program, but rather is a program offered by ELSAWY TENNIS CENTER.

Date: _____

Signed (parent or guardian): _____

Phone (work and home): _____

Address: _____

In case of emergency, contact:

Name/Phone/relationship: _____

Name/Phone/relationship: _____

Family Physician/phone: _____

Player has the following conditions: _____

Child is allergic to these meds, foods, insect bites, etc: _____

Thank you for your time and efforts.....