

Performance Tennis Summer Camps

EMERGENCY MEDICAL TREATMENT PERMISSION:

In case of emergency or illness involving a Performance Tennis Summer Camps participant, every effort will be made to contact the family. In the event that contact cannot be made, I hereby grant permission to physicians, dentists, or other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate, or administer necessary antigens or other injections, to perform CPR or other emergency medical procedures as necessary, or to refer to duly licensed medical personnel when indicated.

Camper Name _____

Signature _____

Date _____