

**Little Hunting Park  
Medical Release Form**

Member Name: \_\_\_\_\_  
Member Number: \_\_\_\_\_

My child will be participating in:  
(Check all that apply)

- B-ball Camp
- Little Hunting Players Camp
- Tennis Team
- Tennis Lessons
- Swim Lessons
- Swim Team

I am the parent/guardian of:

\_\_\_\_\_ (Please PRINT).

Subject to the conditions set forth below, I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency. I will assume liability for any and all medical expenses involved. This authorization extends to my child's participation in any activity sponsored by or involved with Little Hunting Park, Little Hunting Park tennis lessons and team, Little Hunting Park swim lessons, Little Hunting Players Camp and/or Little Hunting Park Swim Team. Should a medical emergency arise during my child's participation in a Little Hunting Park-sponsored program, I understand that reasonable efforts will be made to contact me or my designated alternative at the phone numbers listed on the reverse page. If it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact my designated alternative or me would cause, I consent to:

- a) The administration of medical and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified or chosen by the Little Hunting Park adult teacher, manager, or coach; and
- b) The immediate administration of life-sustaining measures deemed necessary under the circumstances.

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

Please provide the following information:

Allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Names of any medications being taken: \_\_\_\_\_

Physical impairment (if any): \_\_\_\_\_

Other pertinent facts about which a medical doctor should be notified: \_\_\_\_\_

Insurance company, policy and/or group number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Child's date of birth: \_\_\_/\_\_\_/\_\_\_ Child's social security number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Preferred medical doctor or facility and phone number: \_\_\_\_\_

(Continued on reverse side)

**Little Hunting Park  
Emergency Contact Information Form**

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

Birthdate (month, day and year): \_\_\_\_\_

Parents' names:  
\_\_\_\_\_

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

Parents' home phone number: \_\_\_\_\_

Father's work phone number: \_\_\_\_\_

Father's cell phone number: \_\_\_\_\_

Mother's work phone number: \_\_\_\_\_

Mother's cell phone number: \_\_\_\_\_

Emergency contact and number:  
\_\_\_\_\_

Email address that is used regularly: \_\_\_\_\_

Dates my child will not be able to participate in swim team or tennis team activities (vacations, etc):

Any other important information: