



Emergency Information Form

Camper's Name (please print): _____

Mother's Name & Phone #: _____

Father's Name & Phone #: _____

Emergency Contact (If parents are unavailable):

1. Name: _____ Phone#: _____

Relationship: _____

2. Name: _____ Phone#: _____

Relationship: _____

In case of an emergency and the above cannot be reached, I hereby give permission to the staff to authorize emergency medical treatment for my child.

Parent's Signature: _____ Date: _____



SUMMER TENNIS CAMP RELEASE, WAIVER AND ASSUMPTION OF RISK

In consideration of being able to participate in the CSRC summer tennis camp, the undersigned as the parent or legal guardian acting on behalf of the participant(s) identified below, and on behalf of the executors, heirs, successors and assigns of the undersigned and the participant(s), hereby acknowledges and agrees as follows:

The undersigned knowingly and fully assumes all risks, known and unknown, associated with the participant's participation in CSRC's tennis camp and all other activities related to CSRC's tennis camp including, without limitation, the participant's use of the swimming pool, playground equipment and participation in other recreational activities on the club grounds. The undersigned hereby waives all claims, demands, actions, losses, causes of action and other liabilities (collectively referred to herein as "Claims") that may arise or result from the participant's participation in such activities and his or her use of the club facilities. This release and waiver covers all damages to person or property and the risks of death, serious injury and property loss (including theft) and expressly includes Claims arising or resulting from (i) negligence or carelessness on the part of CSRC or the other persons or entities being released hereunder as well as other participants in the camp or members or guests of the club, and (ii) dangerous or defective equipment or hazardous conditions on the club grounds. The undersigned certifies that the participant(s) listed on this form are physically fit and may participate in the activities available at CSRC and that he or she has not been advised otherwise by a medical professional. The undersigned, directly and on behalf of the participant and their respective executors, heirs, successors and assigns, hereby releases, discharges and holds harmless CSRC and its officers, directors, agents, employees, contractors, representatives, and their respective affiliates, from any and all Claims arising from death, disability, personal injury, property damage or theft, or actions of any kind. The undersigned acknowledges that the participant shall at all times comply with the rules and conditions of participation expressed or posted at CSRC. If the participant or the undersigned observe any significant hazard during such participation, either the participant or the undersigned will promptly inform an agent of CSRC. The participant and the undersigned acknowledge that this release and waiver of liability form will be used and relied upon by CSRC and that it will govern the participant and the undersigned's actions and rights.

The undersigned further represents that he/she is, in fact, is the parent and or guardian of the participant and has the authority to execute this waiver and release on behalf of the participant and agrees to save and hold harmless and indemnify CSRC and each and all of the parties referred to above of any and all Claims whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act.

Full Name of Participant 1: _____

Full Name of Participant 2: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____