

**Chuck Kriese's Total Tennis Training Camp  
Printable Medical Form**

**Print, Fill Out, and Mail or Bring To:  
Total Tennis Training Camp  
324 Foxglove Drive  
Nashville, TN 37211**

Please PRINT or TYPE (USE ONE FORM PER CAMPER)

Complete all information where applicable. If no form is submitted, one application will be sent in the mail.

NAME \_\_\_\_\_ WEEK(S) ATTENDING \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

DAY PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ NIGHT PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX \_\_\_\_\_

PARENT/ GUARDIAN FULL NAME \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

DAY PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ NIGHT PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

IF NOT AVAILABLE IN AN EMERGENCY NOTIFY \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HEALTH INSURANCE COMPANY NAME \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**MEDICAL HISTORY**  
(To be completed by Parents or Camper)

List all medications camper is currently taking

\_\_\_\_\_

\_\_\_\_\_

List all medical conditions currently under treatment

\_\_\_\_\_

\_\_\_\_\_

Does camper have loss of paired organ, i.e./ kidney, eye? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what organ(s) \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus immunization \_\_\_\_\_

I hereby state that Chuck Kriese's TOTAL TENNIS TRAINING CAMP® is not responsible for any pre-existing injury or illness of the above camper prior to the first day the camper registers, and Chuck Kriese's TOTAL TENNIS TRAINING CAMP® will assume responsibility only for injuries or illness occurred while the above camper is participating in camp activities under supervision during enrolled camp period, up to the limits of the purchased camp insurance.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**CONSENT FOR MEDICAL TREATMENT/PARENTAL PERMIT/RELEASE OF MEDICAL INFORMATION**

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

I give permission for such diagnostic, therapeutic, and operative procedure as may be deemed necessary for my son/daughter.

I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payment in full of any charges incurred.

Signed \_\_\_\_\_

Relationship \_\_\_\_\_

Date (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

I hereby certify that I have examined \_\_\_\_\_, and found him/her physically fit to attend and participate in Chuck Kriese's TOTAL TENNIS TRAINING CAMP®. I know of no impairments which would limit his/her participating in all camp activities.

Physician's Signature \_\_\_\_\_

Date Examined \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_