



# Greater Elmira Tennis Association, Inc.

## Contact Information for Medical Emergencies

(form required for 17 and under)

If your child needs immediate care, you as parent must give permission. It's the law. A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines if the child needs immediate medical care and that an attempt to obtain parental consent has been made. Contact information is required for your child to participate in GETA Programs.

Name \_\_\_\_\_  
name of minor

Birth date \_\_\_\_\_  
birth date of minor

Identify allergies or special conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_  
Family Physician

### Primary Contact / Parent or Guardian

Name \_\_\_\_\_  
parent/guardian

\_\_\_\_\_ relationship to minor

Address \_\_\_\_\_  
Street City Zip Code

Home Phone \_\_\_\_\_  
parent/guardian

Work Phone \_\_\_\_\_  
parent/guardian

Cell Phone \_\_\_\_\_  
parent/guardian

As parent/guardian of \_\_\_\_\_, I give permission for my son/daughter to participate in a Greater Elmira Tennis Association, Inc. sponsored event. I understand that it will be my responsibility to provide transportation for my son/ daughter. As parent or guardian of the above named youth, I hereby agree to waive and release Greater Elmira Tennis Association, Inc. and program organizers from any liability of any nature related to participation in a GETA program. I also understand that I am solely responsible for any medical expenses resulting from any injury to the above named youth during the duration of the event.

Signed \_\_\_\_\_  
parent/guardian

Date \_\_\_\_\_