

***Fairfield Racquet Club Summer Camp 2010 Medical Waiver***

Childs Name: \_\_\_\_\_

How did you hear about the FRC Summer Camp? (**circle one**)

a) active club participant b) referral c) internet d) received brochure in mail

Phone Number where parent can be reached during camp hours

\_\_\_\_\_

Does your child have any allergies? (yes) (no) If yes please indicate

\_\_\_\_\_

Does your child take any medications that could effect his/her everyday activities?  
(yes) (no) If yes please indicate

\_\_\_\_\_

Does your child have any current medical conditions that could effect his/her  
everyday activities? (yes) (no) If yes please indicate

\_\_\_\_\_

Emergency **non parent** contact name and phone number

\_\_\_\_\_

The Fairfield Racquet Club, teaching pros and staff assume no responsibility for injuries, accidents or loss of personal property. All users of the club and their guests hereby specifically waive any claims for damages arising from use of the facilities.

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_