

New England Academy of Tennis  
16 Michigan Drive, Natick 01760  
781-237-2300 ■ www.neaot.com

## 2018 ACADEMY SUMMER SESSION EMERGENCY CONTACT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Parent's Name(s) \_\_\_\_\_

Work Phone(s) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

Email Addresses \_\_\_\_\_

*(Note: Confirmations will be emailed so please print clearly.)*

Emergency Contacts (other than parent):

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Please list on the back of this form or on a separate piece of paper any additional information about your child's health and well being that we should know to insure your child's health and safety while in our presence

Will your child need to take medication during Camp?  No  Yes *If yes, please complete the "Authorization to Administer Medication to Your Child" Form*

Signature Parent/Guardian \_\_\_\_\_

This camp complies with regulations of the MA Department of Public Health (105 CMR 430), and is licensed by the Waltham and/or Natick Departments of Health. Information on these regulations can be obtained at (617)983-6781. Regulations 190(D) in regards to information documented of parents having the right to review background checks, health care, discipline policies and grievance procedures upon request. Longfellow prohibits discrimination on the basis of race, color, national or ethnic origin, ancestry, religion, sex, sexual orientation, age, physical or mental disability, and veteran or other protected status. The policy extends to all rights, privileges, programs and activities including admission, employment, education and athletics.

**The following must accompany your 2017 Academy Summer Session Application:**

- Emergency Contact Information
  - Release of Liability Form
  - Authorization to Administer Medication Form (if applicable)
  - A current Physical and Immunization Form – from your child's physician (supplied by parent or guardian)
- If you have any questions, please contact Jeff Bearup at [jeff@neaot.com](mailto:jeff@neaot.com)

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## 2018 ACADEMY SUMMER SESSION RELEASE OF LIABILITY

NAME OF CHILD: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISK:** I recognize that there is inherent danger in any activity which involves exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; and that balance and physical coordination and conditioning may affect the occurrence of accidents, falls, and injuries.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of activities in which my child will be engaged, both seen and unforeseen, I confirm that my child is physically and mentally capable of participation in the activities and/or using equipment in connection therewith. I understand that my child will be participating willingly and voluntarily, and I assume full responsibility for personal injury, accident or illnesses, including death. I also assume responsibility for damage or loss of personal property as the result of any accident that may occur.

**AUTHORIZATION:** I hereby authorize any medical treatment deemed necessary in the event of any injury to my child while participation in the activities. I will have appropriate insurance or, in its absence, I agree to pay all cost of rescue and/or medical services as may be incurred on behalf of my child. The New England Academy of Tennis agents have my permission to use photos of my child in promotional New England Academy of Tennis print and electronic media.

**RELEASE AND HOLD HARMLESS:** In consideration of my child's participation in the activities, I, for myself, for my child, and for any other parent of the child, do hereby RELEASE AND AGREE TO HOLD HARMLESS Longfellow, its trustees, officers, employees, and agents from all liability with respect to my child, and I waive any claim for damage arising from any cause whatsoever, except for any claims which are result of gross negligence of the party or parties released herein.

**ACKNOWLEDGMENT:** in signing this Release of Liability, I acknowledge and represent that I fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Release of Liability shall be construed in accordance with the laws of The Commonwealth of Massachusetts. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and or respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

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## 2018 ACADEMY SUMMER SESSION

# AUTHORIZATION TO ADMINISTER MEDICATION TO YOUR CHILD

Name of Player \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Any food or drug allergies \_\_\_\_\_

Diagnosis (at parent's discretion) \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Work Phone(s) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

Name of Licensed Prescriber \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dose Given at Camp \_\_\_\_\_

Frequency \_\_\_\_\_ Possible Side Effects/Adverse Reactions \_\_\_\_\_

Special Directions: write on reverse side or a separate form

I hereby authorize the Academy Staff permission to administer to my child, \_\_\_\_\_, the medication(s) listed, in accordance with 105 CMR 430.160.

### 105 CMR 430.160 (A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over-the-counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

### 105 CMR 430.160 (B)

Medication shall only be administered by the health supervisor\* or by a licensed health-care professional authorized to administer prescription medications. If the health supervisor is not a licensed health-care professional authorized to administer prescription medications, the administration of medications shall be under professional oversight of the health-care consultant. Medication prescribed for campers brought from home shall be administered only if it is from the original container, there is written permission from the parent/guardian, and the health-care consultant approves in writing the administration of the medication. We will not give medication for the first time.

### 105 CMR 430.160 (C)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

\* Health supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid and CPR, has been trained in the administration of medications, and is under professional oversight of a licensed health-care professional authorized to administer prescription medications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health-Care Consultant Signature: \_\_\_\_\_

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