



LAKE OF BAY TENNIS CLUB
EMERGENCY CONTACT - MEDICAL INFORMATION & RELEASE
 (Please complete one form for each child participating in a LBTC program)

CHILD'S NAME: _____ AGE: _____ Health Card Number: _____

CURRENT EMERGENCY INFORMATION

Cottage Telephone Number _____ Home Telephone Number _____
 Mother's Name _____ Mother's Contact Number _____
 Father's Name _____ Father's Contact Number _____
 Emergency Contact Name _____ Contact's Number _____

CURRENT MEDICAL INFORMATION

1. If your son/daughter/ward wears or carries a medic alert bracelet, neck chain or card:
 Please specify what is written on it: _____
 First aid procedures in case of incident: _____
2. If your son/daughter/ward is allergic to any drugs, foods, and/or medication, please specify:
 First aid procedures in case of incident: _____
3. If your son/daughter/ward takes any prescription drugs, please specify: _____
 Provide details: _____
4. Other medical conditions: _____
 Provide details: _____

RELEASE OF WAIVER OF LIABILITY AND CONSENT

I, _____, the Parent/Legal Guardian of _____, personally and on behalf of my child (hereinafter collectively referred to as the "Releasor") do hereby expressly absolve and hold harmless the Lake of Bays Tennis Club ("LBTC"), their respective officers and directors, trustees, and all LBTC volunteers and instructors, including but not limited to their agents, representatives, and assigns and all other participants including other LBTC members (all collectively referred to as the "Releasees"), from any and all liability and/or claims for damages howsoever caused arising from any act or Omission and anything whatsoever done or not done by the Releasees, either individually or together, including but not limited to any such liability and/or damages contributed to or caused by the negligence of the Releasees, either individually or together.

The Releasor hereby further undertakes and agrees not to make any claims or to commence or maintain any action or proceeding against any person, corporation or other entity in which any claim could arise against the Releasees for contribution or indemnity or otherwise in respect of the above-referred to matters.

The Releasor also undertakes and agrees to indemnify the Releasees from and against all liability incurred by any or all of them to any persons or entities not otherwise referred to above.

The Releasor also hereby consents to any reasonable medical or surgical treatment, which in the opinion of a qualified medical doctor may be required by reason of the participation of my child in the activities of the LBTC.

The Releasor hereby expressly warrants that he/she has the authority to execute this Release, Waiver of Liability and Consent, on behalf of the child and on behalf of the child's other parent or guardian, s the case may be.

DATED AT _____, this _____ day of _____ Year _____

Signature of Parent/Guardian: _____

Name of Witness: _____

Signature of Witness: _____

Address of Witness: _____

By signing this release, Parents/Guardians give the LBTC permission to use photos of your child on our website, annual club booklet or promotional materials.

FREEDOM OF INFORMATION NOTICE: The information provided on this form is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to LBTC Programs.