

## 2018 Saint Elizabeth Ann Seton Tennis Club

### Contact Information and Parental Consent

**I hereby give my consent for:**

Student/Athlete Name: \_\_\_\_\_ Grade: \_\_\_\_\_

A student at St. Elizabeth Ann Seton School, Fort Wayne, IN to participate in the St. Elizabeth Ann Seton Tennis Club Program for the 2018 season realizing hereby the St. Elizabeth Ann Seton School, coaches, the drivers and any other person or organization authorized to be involved, assume no liability or responsibility for his/her injury.

**Contact Information:**

Parents' Names \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Parents' Cell #(s) \_\_\_\_\_

Email address \_\_\_\_\_

Any physical disability, medical problems or medications that we should be aware of:  
\_\_\_\_\_

**The coach may: Please check if Okay**

Apply antibiotic ointment and band aid to open cuts or abrasions

Ice pack to any injury

OTC Tylenol/Motrin based on child size

Any first aid the coaches deem necessary

To the best of my knowledge my child is in good physical condition and hereby has permission to participate in the St. Elizabeth Ann Seton Tennis Club Program.

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