

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)