

EXTREME TENNIS ***INTERNATIONAL TENNIS ACADEMY***

Medical Information

Player First Name _____ Last Name _____

Date of Birth _____ M ____ F ____ Age _____

Current Mailing Address _____ State _____ Zip Code _____

Home Phone Number _____ Work Phone Number _____

Mobile Number _____

Contact Name _____ Relationship to Participant _____

HEALTH INSURANCE INFORMATION

Carrier Name & Address _____

Group Number _____ Policy Number _____

Subscriber Number _____ Telephone Number _____

PRIMARY DOCTOR'S INFORMATION Phone Number _____

Address _____ State _____ Zip Code _____

CURRENT MEDICATION _____ **MEDICATION ALLERGIES** _____

FOOD ALLERGIES _____

Other Allergies Explain _____

Previous Illness _____

Previous Surgeries _____

MEDICAL CONDITIONS Asthma _____ Anemia _____ Diabetes _____ Blood Pressure _____

Other Explain _____

• This information must be completed and signed before enrolling in any program conducted by Extreme Tennis Academy.

Date _____ Parent/Guardian Signature _____