

# OREGON ELITE TENNIS (OET)

## MEDICAL FORM/PARENTAL CONSENT WAIVER

This form must be completed and signed by the participant or participant's parent or legal guardian if the participant is under the age of 18. Please print clearly.

### PARTICIPANT INFORMATION

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ MALE / FEMALE: \_\_\_\_\_

HOME/MOBILE PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_

CELL NUMBER: (\_\_\_\_) \_\_\_\_\_ WORK NUMBER: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATION TO PARTICIPANT: \_\_\_\_\_

BACKUP EMERGENCY CONTACT: \_\_\_\_\_

CELL NUMBER: (\_\_\_\_) \_\_\_\_\_ WORK NUMBER: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_ RELATION TO PARTICIPANT: \_\_\_\_\_

### INSURANCE POLICY INFORMATION

IS THE PARTICIPANT CURRENTLY COVERED BY HEALTH INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

HEALTH INSURANCE PROVIDER: \_\_\_\_\_

NAME OF POLICY HOLDER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP NUMBER: \_\_\_\_\_

**MEDICAL HISTORY INFORMATION**

DOEST THE PARTICIPANT HAVE NAY OF THE FOLLOWING? IF YES, PLEASE DESCRIBE:

1. KNOWN DRUG ALLERGIES? NO \_\_\_\_\_ YES \_\_\_\_\_

2. SEVERE FOOD ALLERGIES? NO \_\_\_\_\_ YES \_\_\_\_\_

3. ALLERGIES TO INSECTS? NO \_\_\_\_\_ YES \_\_\_\_\_

4. ASTHMA? NO \_\_\_\_\_ YES \_\_\_\_\_

5. ARE THERE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? NO \_\_\_\_\_ YES \_\_\_\_\_

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6. IS THE PARTICIPANT CURRENTLY TAKING ANY MEDICATIONS? NO \_\_\_\_\_ YES \_\_\_\_\_

IF YES, PLEASE LIST ALL MEDICATIONS AND SPECIFY ANY THAT NEED TO BE TAKEN DURING THIS  
ACTIVITY: \_\_\_\_\_

7. HAS THE PARTICIPANT EVER HAD A CONCUSSION? NO \_\_\_\_\_ YES \_\_\_\_\_

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8. IF THE PARTICIPANT IS RESTRICTED FROM ANY ACTIVITY, PLEASE NOTE:

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# **OREGON ELITE TENNIS (OET) PARTICIPANT AGREEMENT WAIVER AND RELEASE OF LIABILITY**

**PLEASE READ THIS FORM CAREFULLY** and be aware that by signing this form and participating in the Oregon Elite Tennis (OET) programs, related events and activities, you are waiving specific rights you may have and are assuming all risk and legal liability of participation. By signing below, you hereby waive and release all claims for injuries, damages or loss which you or your minor child might sustain as a result of participation in the activity or program. I understand that there are inherent risks involved in participating in OET programs and events and I voluntarily assume all such risks. In consideration of my being allowed to participate in this the OET programs, related events and activities, I acknowledge, appreciate and agree that:

1. The risk of serious injury from activities involved in the program is always present due to the nature of the sport of tennis. For myself, spouse and child I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation and/or my child's participation.

2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I have any concern about my participation, or I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will stop all activity or remove my child from participation and bring it to the attention of the nearest official immediately;

3. **WAIVER AND INDEMNITY AGREEMENT: ACCEPTANCE OF MY ENTRY IN THESE EVENTS IS WITHOUT RESPONSIBILITY OF ANY KIND BY OREGON ELITE TENNIS (OET) AND ANY OTHER ENTITY SPONSORING THE EVENT. I DO HEREBY FOR AND ON BEHALF OF MYSELF AND MY HEIRS AND LEGAL REPRESENTATIVES RELEASE AND FOREVER DISCHARGE OET, ITS OFFICERS AND REPRESENTATIVES, FROM ANY AND ALL CLAIMS, DEMANDS, AND INJURIES, HOW SO EVER ARISING, WHETHER CAUSED BY THE NEGLIGENT OR INTENTIONAL ACTS OF OET AND ITS REPRESENTATIVES, REPRESENTATIVES OF OTHER SPONSORING ENTITIES, OR BY THIRD PARTIES, WHICH INJURIES MAY BE IN ANY WAY RELATED TO MY ACTIVITIES DURING THE TOURNAMENT AND ANY PERIOD TRAVELING TO OR FROM THE EVENTS DESCRIBED, AND ALL SUCH CLAIMS ARE HEREBY WAIVED AND RELEASED, AND I COVENANT NOT TO SUE THEREFORE. THE PARENT OR GUARDIAN BY SIGNING BELOW, DOES HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS OET AND ITS REPRESENTATIVES AND THE SPONSORING ENTITY FROM ANY LIABILITY WHICH THEY MAY INCUR TO THE ENTRANT, EXCEPTING ONLY THOSE CLAIMS ARISING FROM THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF OET, ITS REPRESENTATIVES, OR THE SPONSORING BODY. I ACKNOWLEDGE MY PARTICIPATION IN OET ACTIVITIES IS VOLUNTARY AND I AGREE TO TAKE DUE CARE DURING SUCH ACTIVITY;**

4. I hereby consent to emergency and/or hospital service that may be rendered by or at accredited hospitals, by appointed physicians, in the event such need arises in the opinion of a licensed physician;

5. I agree that this agreement shall bind the members of my family and spouse (if any), my estate, heirs, administrators, assigns, and personal representatives; and

6. I agree that this agreement and any claims from my participation or my child's participation in the activity shall be construed in accordance with the laws of the state of Oregon, without regard to its conflict of laws provision and the courts in Washington County shall be the forum for any lawsuit arising from my participation or my child's participation in the OET program.

**I HAVE READ AND UNDERSTAND THE FOREGOING RELEASES AND INDEMNITY AGREEMENT AND SIGN IT OF MY OWN FREE WILL. I understand and agree that this waiver and assumption of risks is intended to be as broad and inclusive as permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO TREAT & MEDICAL AUTHORIZATION

I, \_\_\_\_\_, parent or guardian of the child named above, give consent for my child to participate in the Oregon Elite Tennis (OET) program. As a parent/guardian, I understand that my child's participation will include strenuous aerobic exercises, as well as a great deal of excitement in connection with the OET programs. I acknowledge that injuries may occur as a result in the participation in this program, and I accept that consequence. I have advised our family physician that my child wishes to participate in OET programs, and our physician has approved of this participation. I hereby authorize the OET staff or other appropriate personnel to provide first aid, emergency medical care, or if necessary, admission to accredited hospital, when such care is necessary for the treatment of any injuries my child may sustain while participating in any activity associated with OET. I will be financially responsible for any medical attention needed during this program or resulting from an injury received at the program. My medical insurance shall be the primary coverage for any medical treatment. I further agree that my child can receive over-the-counter remedies (Tylenol, Sudafed, etc.) Please initial if you do not want your child to receive over-the-counter medications or remedies.

\_\_\_\_\_.

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

**WHAT IS A CONCUSSION?** A concussion is a brain injury. Concussions are caused by a bump or a blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away. **WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?** Signs observed by parents or guardians: \* appears dazed or stunned \* confused about assignment or position \* forgets an instruction \* is unsure of game/score, or opponent \* moves clumsily \* answers questions slowly \* loses consciousness (even briefly) \* shows behavior or personality changes \* can't recall events prior to hit or fall \* can't recall events after hit or fall symptoms reported by athlete \* headache or “pressure” in head \* nausea or vomiting \* balance problems or dizziness \* double or blurry vision \* sensitivity to light \* sensitivity to noise \* feeling sluggish, hazy, foggy, or groggy \* concentration or memory problems \* confusion \* does not “feel right” **HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?** Every sport is different, but there are steps your children can take to protect themselves from concussion. \* Ensure that they follow their coach's rules for safety and the rules of the sport. \* Encourage them to practice good sportsmanship at all times. \* Make sure they wear the right protective equipment for their activity. \* Equipment should fit properly, be well maintained, and be worn consistently and correctly. \* Learn the signs and symptoms of a concussion. **WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?** 1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports. 2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime. 3. Tell your child's coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

**SUDDEN CARDIAC ARREST AWARENESS:** Copy and paste the following link into your browser to view information on sudden cardiac arrest. <http://waaa.com/ConDocs/Con1325/Flyer5.pdf>  
By agreeing to this waiver, you understand that this information has been presented and made available to you.

**EPI-PEN POLICY:** Individuals with an established history of severe allergic reactions may self-administer an Epi-pen (epinephrine auto-injector) in accordance with their comfort zone in an emergency situation. Site Directors and Instructors are not authorized to administer an Epi-pen, but will help in any other way to ensure an individual would have access to their Epi-pen. An approved adult, not including Site Directors or Instructors can stay on-site at the program to assist an individual self-administer the Epi-pen in an emergency situation. Site Directors and Instructors would take necessary steps to activate the emergency response system to ensure immediate medical evaluation and management of the individual. An individual will not be turned away from participating in a program due to having an Epi-pen.

**PUBLICITY RELEASE:** I agree to be filmed and photographed by Oregon Elite Tennis (OET) in connection with such participation and allow the filming and photographs be taken of my child. I understand that OET will own any and all rights in such film and photography of me or my child (hereinafter referred to as "Footage"). This will permit OET to proceed with taking such Footage and I now waive, as to OET and its successors, assigns and licensees, all personal right and objections to any use to be made of me, my name, likeness, voice or personality, or that of my child, in connection with the use of the Footage in any media for any and all purposes, including trade, advertising and promotional purposes, in perpetuity and without further compensation. I understand that in proceeding with filming and photography of the Footage, OET will do so in full reliance on the foregoing permission.