

MEDICAL AUTHORIZATION-CITY TENNIS NH

(Please read carefully)

City Tennis-NH is sponsoring a one-week (9am-12pm) City Tennis-NH – Youth Co-Ed summer tennis camp (the "Camp") for children ages 8 through 17. The Camp will be held the week of July 28, 2025 to August 1, 2025, between the hours of 9am and 12pm at The Derryfield School tennis courts, 2108 River Road. Participation in all five days is required.

Please complete the following **medical authorization, in addition to the Parent/Guardian Authorization and Application and Release**, for your child’s participation in the Camp and return all three (3) completed forms to: **Gustavo Moral c/o ISN, 309 Pine St., PO Box 1111 Manchester, NH 03105 (moral@isnnh.com); FAX: 644-1066 on or before Friday July 25, 2025.**

Child’s Name

Child’s DOB

Child’s Age

Parent(s)/Legal Guardian(s) Name(s)

PHONE

Parent(s)/Legal Guardian(s) Address

EMAIL

TO PHYSICIAN: Please fill-in your name and practice group name, check the applicable box (1, 2 or 3) and sign below.

Print Physician's Name: _____

Print Physician's Practice Group: _____

1. I hereby approve the above child’s participation in the Camp without any restriction.

Physician's Signature

Date

2. I hereby approve the above child’s participation in the Camp with the following restrictions:
[Please list all applicable restrictions and medical conditions and briefly describe what reasonable accommodations, if any, the Camp may need to implement to allow for the Child’s participation]

Physician's Signature

Date

3. I do not approve of the above child’s participation in the Camp.

Physician's Signature

Date

PARENT/GUARDIAN AUTHORIZATION-CITY TENNIS NH

(Please read carefully)

City Tennis-NH is sponsoring a one-week summer tennis camp for City Tennis NH - Youth Co-Ed Summer Tennis Camp (the "Camp"). The Camp will be held the week of July 28, 2025 – August 1, 2025, between the hours of 9am and 12pm at The Derryfield School tennis courts, 2108 River Road. Participation in all five days is required.

Please complete the following Parent/Guardian authorization, **in addition to the medical authorization and Application and Release**, for your child's participation in the Camp and return all three (3) completed forms to **Gustavo Moral c/o ISN, 309 Pine St., PO Box 1111, Manchester, NH. 03105** (moral@isnnh.com); FAX: 644-1066 on or before **Friday July 25, 2025**.

Child's Name

Child's DOB

Child's Age

Parent(s)/Legal Guardian(s) Name(s)

PHONE

Parent(s)/Legal Guardian(s) Address

EMAIL

TO PARENT/LEGAL GUARDIAN:

A. Health Status of Child/Ward: Please select the applicable number (1, 2 or 3) and sign below.

1. The above child is in good health and is fully capable of participating in all activities of the Camp including, without limitation, all physically strenuous activities. I hereby approve the above child's participation in the Camp without any restriction.

Parent/Legal Guardian's Signature

Date

2. The above child is in good health and is fully capable of participating in all activities of the Camp including, without limitation, all physically strenuous activities, subject only to the following restrictions. I hereby approve the above child's participation in the Camp with the following restrictions: *[Please list all applicable restrictions and medical conditions and briefly describe what reasonable accommodations, if any, the Camp may need to implement to allow for the Child's participation]*

Parent/Legal Guardian's Signature

Date

3. The above child is not in good health and/or is not capable of participating in all activities of the Camp. I do not approve of the above child's participation in the Camp.

Parent/Legal Guardian's Signature

Date

**2025 CITY TENNIS NH-YOUTH CO-ED SUMMER TENNIS CAMP
APPLICATION, ACKNOWLEDGMENT OF RISKS, RELEASE OF LIABILITY, PROMISE NOT TO
SUE AND CONSENT**

(Please read carefully before signing)

I hereby apply to register my child/ward to be a camper at the City Tennis NH-Youth Co-Ed Summer Tennis Camp sponsored by City Tennis-NH ("Camp"). I understand that the cost is \$5.00 (or \$100.00) and, if my child/ward is accepted to attend the Camp and completes the five days of participation in the Camp, my child/ward will be offered a t-shirt and a tennis racquet, which my child/ward may keep. Second year participants will be expected to bring last year's racquet, which may be exchanged. In consideration of the foregoing and for my child's/ward's participation in the Camp, I hereby execute this Application, Acknowledgment of Risks, Release of Liability, Promise not to Sue and Consent ("Application and Release").

ACKNOWLEDGMENT AND ASSUMPTION OF RISK

I acknowledge for myself and my child/ward the risks of injury at the Camp including, without limitation, personal injury, death, illness (such as COVID-19) or property damage, and that tennis and participation in recreational camps are inherently dangerous activities that involve known and unknown risks. I knowingly and voluntarily assume for myself and my child/ward all risks associated with my child's/ward's participation in, and attendance at, the Camp. I accept full responsibility for my child's/ward's participation in the Camp and I represent that my child/ward is in good health and physical condition and is fully able to undertake and actively participate in all Camp activities. I further accept full responsibility for all actions of my child/ward.

RELEASE, INDEMNITY, HOLD HARMLESS AND DEFEND AGREEMENT

I hereby, for myself and on behalf of my child/ward, forever release, discharge and hold harmless, to the fullest extent permitted by law, Independent Services Network, Inc., The Derryfield School, City Tennis-NH, their officers, directors, trustees, shareholders, agents, employees, representatives, insurers, affiliates, successors and assigns and all Camp volunteers and instructors (collectively, the "Releasees") from any and all responsibility or legal liability with respect to any injury (including without limitation, personal injury, death, illness or property damage) which I or my child/ward may suffer directly or indirectly in connection with or arising from my child's/ward's participation in or attendance at the Camp, whether such injury, death, illness or damage was foreseeable or due to any other cause or claim arising from participation in the Camp under any legal theory, including ANY CLAIMS BASED ON THE ALLEGED NEGLIGENCE OF RELEASEES. I hereby, for myself and my child/ward, promise not to sue, and to indemnify, hold harmless and defend the Releasees for any claim of personal injury, illness, damage or death arising from or connected with the Camp or my child's/ward's participation in, or attendance at, the Camp, including any claims based on the alleged NEGLIGENCE of RELEASEES.

I hereby agree to indemnify, hold harmless and defend the Releasees from any losses, costs, damages, liabilities or expenses (including reasonable attorneys' fees) incurred by any of the Releasees in connection with or arising from my child's/ward's, or my own, acts or omissions, misrepresentation, or breach of any of the terms of this Application and Release or is in any way related to my child's/ward's participation in the Camp.

PHOTOGRAPHY & VIDEO RELEASE

I hereby, for myself and my child/ward, consent to Independent Services Network, Inc.'s, The Derryfield School, City Tennis-NH and/or the Camp's use of my child's/ward's name, image, voice, or likeness in any live or recorded television broadcast or other transmission, film, photograph, recording or other reproduction, without limitation or reservations, and without any royalties or compensation due to me or my child/ward.

PARENT/GUARDIAN AUTHORIZATION

I have carefully read and understand this is a COMPREHENSIVE RELEASE OF ALL LIABILITY which is binding upon me, my child/ward, heirs, agents and assigns, that is not intended to assert any claims or defenses that are prohibited by law, and that if any part of this agreement is held to be invalid or unenforceable, the remainder shall be given full force and effect.

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Printed Name of Child/Ward (Camp applicant): _____

Date: _____ Telephone: _____ Email: _____