



## PLAYER MEDICAL HISTORY

PLAYER NAME \_\_\_\_\_ DOB and AGE \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_ PHONE \_\_\_\_\_

KNOWN MEDICAL CONDITIONS \_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

SPECIAL NOTES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned in consideration of participation in this program agrees to indemnify and hold harmless Mesa Tennis Academy, those individuals contracted by the Mesa Tennis Academy, Mountain View High School, Stapley Junior High School and Dennis Schmid from any and all liability for any injury which may be suffered by the above named individual registered in this program, arising out of, or in any way connected with, participation in this program. By signing below, I represent that the participant is in good condition and has no impairment or ailment that would prevent or make it medically unwise for this person to participate in this program. I have read the above application and agreement, and fully understand that I assume all risks for any injuries received.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE