EUROPEAN TOUR PROGRAM PLAYER RELEASE

PLEASE EMAIL COMPLETED FORM TO: info@YPTusa.com

PLAYER LAST NAME:
PLAYER FIRST NAME:
DATE OF BIRTH:
PARENT MOBILE PHONE NUMBER:

MEDICAL / EMERGENCY INFORMATION:

EMERGENCY CONTACT:	RELATIONSHIP:
DAY PHONE: ( ) -	EVENING PHONE: ( ) -
FAMILY DOCTOR:	PHONE: ( ) -
DENTIST:	PHONE: ( ) -

LIST ANY MAJOR ILLNESSES OR INJURIES IN THE LAST YEAR:

LIST ANY ALLERGIC REACTIONS, PRESCRIBED MEDICATION, OR OTHER MEDICAL CONDITION OF WHICH WE SHOULD BE AWARE OF:

MEDICAL RELEASE / HOLD HARMLESS AGREEMENT:

As parent/guardian of the above player, I certify that he is in excellent health and has no physical or emotional problems which are likely to prevent participation in strenuous physical training or play. I agree to hold harmless YPT and it's agents and employees and hereby release them from any liability on account of injuries sustained by player while participating in YPT training program activities. I give permission for the player to be medically treated for illness occurring or injury sustained during such participation and certify that he is covered by medical insurance which will reimburse YPT for expenses incurred by them, their agents and employees on account of medical insurance ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance. I give consent for player to be photographed while participating in YPT training program activities and for the resulting photos to be used by YPT for educational and promotional purposes. I have read and understand the above.

SIGNATURE:	DATE:
INSURANCE CARRIER:	POLICY NUMBER:

NOTES: (office use only)