

TAS TOURNAMENT COACHING FORM

Junior's Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Known allergies or medical problems (including drug allergies): _____

List current medications and dosage: _____

Does your child have an Epi pen? _____ If yes, please put Epi pen in a plastic zip lock bag; label the pen and the bag with your child's name and give to the TAS pro/chaperone. **Note that it is your responsibility to inform the TAS pro/chaperone of any medical issues of concern to you or your child.**

Insurance Company: _____

Insurance Policy Number: _____

Parents Name: _____

Parents Address: _____

Home Phone: _____ Work Phone: _____

Person to contact if unable to reach parents: _____

Phone Number: _____

Relationship to child: _____

I hereby give permission for my child to travel with and be chaperoned by TAS staff on the following dates from _____ through _____ and to receive medical treatment while participating in drills, tournaments or travel with the Academy in the event of a medical emergency if I am unable to be reached and treatment is deemed necessary.

(Print Name)

(Signature)

(Date)