

Please complete all information and submit completed application to:
 Rodney Street Tennis & Tutoring Association, 101 Garden of Eden Rd, Wilmington, DE 19803
 Email: admin@rstta.org; Fax: 302-256-0247

Winter Clinic Program Selection (please select only one): **Beginner** **Intermediate** **Advanced**
 Begins: November 3, 2018; Ends: March 30, 2019
 Saturdays, 6:30 pm – 9:30 pm, Dupont Indoor Tennis Facility (401 Black Gates Rd, Wilm. DE 19803)
 For more program info and schedule, please contact Coach Adil Ismaeel (302-332-5939, adil@rstta.org)

Participant Information

First Name: _____ M.I. _____ Last Name: _____
 DOB: ___/___/___ Grade: _____ Gender: _____ Race (optional): _____
 Ethnicity (optional): Hispanic or Latino Not Hispanic or Latino
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone No: _____ Cell Phone No: _____
 School Name: _____

Medical Information

Physican Name: _____
 Office/Clinic Name: _____
 Phone No.: _____
 Allergies/Medical Conditions: _____
 Current Medication: _____
 Dietary Restrictions: _____

Pick-Up Authorization

Please list the individuals that are authorized to pick up your child:

(1) Name: _____ Relationship: _____ Ph. _____
 (2) Name: _____ Relationship: _____ Ph. _____
 My child is authorized to take public transportation

Emergency Contacts

Name	Phone Number	Relationship to Student
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Household Information

Language(s) spoken at home: _____

Computer/Internet access at home: Y N

Total Household Size (*number of persons living in house of student*): _____

Other family members participating in RodneyStreet programs: _____

Total Household Income Level (optional):

Less than \$20,000 \$20,000-\$34,999 \$35,000-\$49,000 \$50,000-\$74,000 \$75,000 or more

Family Information

(1) Parent/Guardian First and Last Name: _____

Home Phone No: _____ Cell Phone No: _____

Email: _____

Address (if different from first page): _____

City: _____ State: _____ Zip: _____

Employer: _____

Occupation: _____ Work Phone No.: _____

(2) Parent/Guardian First and Last Name: _____

Home Phone No: _____ Cell Phone No: _____

Email: _____

Address (if different from first page): _____

City: _____ State: _____ Zip: _____

Employer: _____

Occupation: _____ Work Phone No.: _____

Parental Consent

_____ I give permission to have my child, named above, participate in all RodneyStreet programs/activities – this includes transporting child to/from activities, if necessary.

_____ I grant RodneyStreet unrestricted permission to use photographs and/or video and/or voice recordings taken of my child for use in RodneyStreet publications, including web sites or other electronic forms of media. I authorize RodneyStreet, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically. I agree that RodneyStreet may use such photographs of my child, with or without my child’s name, and for any lawful purpose, including, but not limited to, publicity and Web content.

_____ I hereby release RodneyStreet, its staff, contractors, and volunteers from any responsibility as a result of any injury to the child named above due to participation in RodneyStreet activities.

_____ In the event that I cannot be reached in an emergency, I hereby give my permission to RodneyStreet staff to follow proper Emergency Medical Procedures.

School Records Consent

Student Name: _____

I hereby authorize Rodney Street Tennis & Tutoring Association (RodneyStreet) to obtain any and all of the following information from _____ *(school name)*:

- Report Card Data Collection and Progress Reports/Surveys
- Individualized Education Program (IEP)
- Standardized Testing Results or Test Results on Learning Disabilities

All of the information I hereby authorize to be obtained from the above named school will be held in strict confidence by RodneyStreet. It will not be released without the written consent of the person/agency that authorized the release of the information, or the agency who maintains responsibility for its consent.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based on my consent, I may withdraw this consent at any time.

Parent/Guardian Signature

Date

Payment Information

Winter Clinic Fee *(need-based scholarships are available to help cover costs of program fees listed below):*

- Returning Participant = \$80 total** **OR** **New Participant = \$220 total**
- Annual Membership Fee for 2018-2019 Program Year = \$20** *(do not pay if already paid for program year)*
- Scholarship Requested – please submit Scholarship Application (found on our website: rodneystreet.org)
- Payment Plan Requested (please include \$20 with application) – *staff will contact you via email to setup plan*
- Full Payment Included: \$ _____ Cash Check (payable to RSTTA)
- Please send invoice via email for online payment with Credit Card