

Please complete all information and submit completed application to:

RodneyStreet, 101 Garden of Eden Rd, Wilmington, DE 19803

Email: admin@rstta.org; Fax: 302-256-0247

Program Selection (please select only one): **Beginner** **Intermediate** **Advanced**

Participant Information

First Name: _____ M.I. _____ Last Name: _____

DOB: ___/___/___ 19-20 Grade: _____ Gender: _____ Race/Ethnicity (optional): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No: _____ Cell Phone No: _____

School Name: _____

Shirt Size (please state Adult or Youth): _____ Shoe Size (please state Adult or Boys/Girls): _____

Medical Information

Physician 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 walk home My child is authorized to take public transportation

Emergency Contacts

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

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.

Household Information

Language(s) spoken at home: _____

Internet access at home: Y N Household Size (# of persons living in house): _____

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 *(please check next to consent given)*

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.

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

Program Fees: *please note that needs-based scholarships are available to help cover costs of program fees listed below. Submitting application does not guarantee scholarship. Staff will review and inform applicant if scholarship is approved.*

Annual Membership Fee = \$20 (Do not pay if already paid for program year)
Program Fee = Dependent on Clinic; Staff will follow up with payment information

- Scholarship Requested – please submit Scholarship Application (found on our website: rstta.org)
- Payment Plan Requested (please include Membership Fee with application, if due) – RodneyStreet staff will contact you
- Please provide email to be billed online: _____