

## 2020 SUMMER TENNIS & ENRICHMENT PROGRAM APPLICATION

*Please complete all information and submit completed application to:*

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

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

Camp Questions, contact Matt Johnson: matt@rstta.org or 302-293-3198; Office: 302-256-0235

**Program Selection** (please select only one):

**RISING ALL-STARS- Participants 7-10 years old**

**Full-Day:** Outdoor Tennis Instruction (Tower Hill Tennis Courts), 9:00am to 12:00pm

FREE education and enrichment activities (location: Tower Hill School), 1:00 pm to 5:00 pm

**ALL- STARS PROGRAM-Participants ages 11-18 years old**

**Full-Day:** Outdoor Tennis Instruction (Tower Hill Tennis Courts), 9:00 am to 3:00 pm

FREE education and enrichment activities (location: Tower Hill School), 3:00 pm to 5:00 pm

**Summer Program Fees**

- Annual Membership Fee for all Students = \$20
- Summer Program Fee: \$130/week

### Participant Information

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity (optional): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

School Name: \_\_\_\_\_

### Pick-Up Authorization

- Please list the full names of ALL persons authorized to pick up your child from RodneyStreet Programming.  
**Photo identification will be required from ALL persons.**
- In the event of a custody agreement, which prevents a parent or guardian from picking up your child, we must be provided with a copy of legal documentation which states such information/rulings.
- Please keep this list up to date and notify us immediately if you would like to make changes.
- Please notify a staff member in advance, if possible, when someone other than the parent/guardian will be picking 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

## 2020 SUMMER TENNIS & ENRICHMENT PROGRAM APPLICATION

### Medical Information

Physician Name: \_\_\_\_\_

Office/Clinic Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

### 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*): \_\_\_\_\_

Total Household Income Level:

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.: \_\_\_\_\_

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### Emergency Contacts

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

### Parental Consent

*(please initial next to each statement in which consent is 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.

\_\_\_\_ 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.

### Payment Information

*Please note that need-based scholarships are available to help cover costs of program fees listed below.*

**Please circle weeks your child will attend:**    6/15   6/22   6/29   7/6   7/13   7/20   7/27   8/3

Scholarship Requested – please submit \$20 membership fee and Scholarship Application Form (found on our website)

Will pay in weekly installments – please submit initial \$20 membership fee and first week’s payment (\$130) with application

Full Payment Included: # weeks participating \_\_\_\_\_ X \$130 = TOTAL of \$ \_\_\_\_\_

If payment is included:  Cash    Check (payable to RSTTA)

Send me an online invoice to pay via credit card to this email address: \_\_\_\_\_