



# Inner City Tennis Project

## Participant Application & Medical Emergency Authorization Form

**Please advise that there will be a \$20 nonrefundable application fee, free lessons applicants are exempt from the application fee**

### Applicant Personal Information

Full Name: \_\_\_\_\_ Race: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School affiliation: \_\_\_\_\_ Grade /Classification: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Local Alternative(s) to be reached if the above parent cannot be reached

1<sup>st</sup> Alternative Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2<sup>nd</sup> Alternative Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Consent

#### PART I: Consent

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while While Involved the Inner city Tennis Project activities, when parents or guardians cannot be reached.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical specialist: \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Emergency Room Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PART II - REFUSAL TO CONSENT I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Inner City Tennis Project authorities to take the following action (written instructions must be completed):

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical History

Has your child had a health exam in the last year? Yes \_\_\_\_ / No \_\_\_\_

Is your child able to participate in an active program? Yes \_\_\_\_ / No \_\_\_\_

Has your child received a covid 19 vaccine? Yes \_\_\_\_ / No \_\_\_\_

Was the vaccine process completed? Yes \_\_\_\_ / No \_\_\_\_

Are there any medical concerns that the Inner-City Tennis Project staff should be aware of?

Yes \_\_\_\_ / No \_\_\_\_

If Yes Please indicate here in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child require medication? Yes \_\_\_\_\_ / No \_\_\_\_\_

If Yes Please indicate here in detail the medicine and when it should be taken or applied. \_\_\_\_\_

Please List any other issues concerning your child/children that we should be aware of:

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**Please Select which session you plan to attend:**

- ☐ 8:00AM – 10:00AM (Free Session)
- ☐ 1:00PM – 3:00PM (Free Session)
- ☐ 10:00AM – 12:00PM
- ☐ 3:00PM – 5:30PM
- ☐ 8:00AM – 12:00PM (Half Day)
- ☐ 1:00PM – 5:30PM (Half Day)
- ☐ 8:00AM – 5:30PM (Full Day)

**\*\*\*PHOTOGRAPHS\*\*\***

*Children are frequently photographed in activities which are then used on our web site or publicity. They are NOT identified in photos without your permission; nor are their photos sold or used in any unauthorized way.*

**Travel Consent:**

\_\_\_\_\_ my child has my permission to travel to tennis related activities with the Inner-City Tennis Project.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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