

Program Application



PARENT/GUARDIAN INFORMATION

Father/Guardian

First Name _____ ***Last Name*** _____ *Relationship* _____

Work Phone _____ ***Cell Phone*** _____ *Email* _____

Mother/Guardian

First Name _____ ***Last Name*** _____ *Relationship* _____

Work Phone _____ ***Cell Phone*** _____ *Email* _____

Household Information (of child/children)

Street _____ ***City*** _____ **TN** ***Zip*** _____

Home Phone _____ ***Who does the child live with*** _____ ***Number of People in Household*** _____ ***Household Income*** _____

STUDENT INFORMATION

First Name* _____ ***Last Name _____ ***Birth date*** _____ *Birth Country* _____ *Sex* _____ *Ethnicity* _____

School _____ *Grade* _____ *How did you hear about the program?* _____

Medical Problems _____ ***Medications*** _____

Physician _____ *Hospital* _____ *Insurance Company* _____ *Policy Number* _____

Is there anything specific we should know about your child/ren that would help us to better help them (academic area of greatest need, special needs, disability, physical limitations, ADD/ADHD, do they play other sports or do other activities, etc.)?

TRANSPORTATION

Who is authorized to pick up your child /children from Mentor TennisSee?

1: _____ 2: _____ 3: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ ***Emergency Contact Relation*** _____ ***Emergency Contact Phone*** _____

I give permission for my child/children to participate in the Mentor TennisSee program and in all Mentor TennisSee activities. I absolve Mentor TennisSee volunteers and officers from such liability that may arise as a result of participation. I give my consent for photographs or other media in which my child/children may appear to be used in any way they may care to use them. I have read, understand and agree with this statement:

Parent/Guardian Signature _____ *Date* _____