

**Midwood Tennis Academy
Junior Clinic/Camp Participant Information**

Participant Information

Child's Name	Date of Birth	Gender
Parent/Guardian's Name	Parent/Guardian's Name	
Home Phone	Home Phone	
Cell Phone	Cell Phone	
Home Address	Home Address	
City, ST, ZIP	City, ST, ZIP	

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Cell Phone	Cell Phone
Home Address	Home Address
City, ST, ZIP	City, ST, ZIP

Additional Pick-Up/Walk Home Information

I, _____, authorize the following responsible adult(s) (list here) _____ to pick up and/or drop off my child. I understand that all persons responsible for picking up my child must be listed here and must present a valid photo ID upon pick up.

Signature of Parent/Guardian

I, _____, authorize my child to walk to and/or from MTA Tennis clinics. I have filled out the Permission to Walk form, have discussed it with my child, and have submitted the form to MTA staff prior to the start of clinic/camp.

Signature of Parent/Guardian

Please let us know if there is anything we can do to make your child's clinic/camp experience more enjoyable.

Camper Name

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Known allergies to food, drugs, insect bites or stings, etc.

Special medical concerns or conditions that MTA staff should know about

List any special dietary needs

List any medications currently being taken including name of medication, dosage and frequency

Does your child use an inhaler, epipen or any other medical equipment (please supply)

Informed Consent

I, _____, authorize all medical and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child, and waive my right to informed consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached in the case of an emergency.

Signature of Parent/Guardian

Picture Release

_____ I agree to allow MTA to take pictures of my child for use in educational, promotional and/or marketing materials. Neither individual addresses nor phone numbers will be released with this information.

_____ I do not wish for MTA to take pictures of my child to be used in educational, promotional or marketing materials

MTA Scholarship Fund

Midwood Tennis Academy offers a scholarship program to those players who are less fortunate and could not otherwise afford to enjoy this great game. If you would like to donate to our general scholarship fund to help another child participate in camps or clinics, please indicate your donation here and include this amount with your registration fee.

_____ \$10

_____ \$25

_____ \$50

_____ other