



Empowering Youth for Healthy Decision-Making

## Tennis AllStars

### Release and Affirmation

#### MASON PARK COMMUNITY CENTER SUMMER PROGRAM

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Special Needs: \_\_\_\_\_  
Medications Currently Being Taken: \_\_\_\_\_  
Allergies: \_\_\_\_\_

#### Photo Release

Photographs and video of your child will be taken as they participate in Tennis AllStars Summer session and activities. I grant permission for Staff at Tennis AllStars Summer Program to use photographs and videos of \_\_\_\_\_ (child's name) for publicity, advertising, and /or professional presentations.

\_\_\_\_\_ Parent's or Legal Guardian's Initials

#### Health Insurance Information

The health insurance coverage for each student is the responsibility of the parent or legal guardian.

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

In case of a medical emergency, the parent or legal guardian authorizes Tennis AllStars Staff to take all responsible steps to secure the health and safety of the above child. This includes, but not limited to x-rays examinations, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care.

#### Release of Claim

I give the above student permission to participate in supervised activities with Tennis AllStars Summer Program as well as traveling to and from any field trips sites.

\_\_\_\_\_ Parent's or Legal Guardian's Initials

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Tennis AllStars

## Parent/Guardian Demographic Questionnaire

### MASON PARK COMMUNITY CENTER SUMMER PROGRAM

**Instructions:** Tennis AllStars Summer Program is funded by the City of Akron Department of Planning and Development. The City request that Tennis AllStars provide information about Tennis AllStars participants. Please answer each of the following. All answers will be kept confidential as no names will be used when the group information is sent to the Tennis AllStars Inc.

Child/ren Name/s: \_\_\_\_\_ Parent Name/s: \_\_\_\_\_

(Please check information regarding child/ren participating in Tennis AllStars)

1. Your Child is:    \_\_\_ Male (age of child \_\_\_)    \_\_\_ Female (age of child \_\_\_)

2. Family member attending today is:    \_\_\_ Male    \_\_\_ Female  
 Age of family member attending today is:    \_\_\_ Male Age    \_\_\_ Female Age

3. Please indicate each person's race (please check)

<u>Child</u>	<u>Family Member #1</u>	<u>Family Member #2</u>
___ African American	___ African American	___ African American
___ Asian: Chinese	___ Asian: Chinese	___ Asian: Chinese
___ Asian: Hmong	___ Asian: Hmong	___ Asian: Hmong
___ Asian: Laotian	___ Asian: Laotian	___ Asian: Laotian
___ Asian: Vietnamese	___ Asian: Vietnamese	___ Asian: Vietnamese
___ Hispanic: Mexican	___ Hispanic: Mexican	___ Hispanic: Mexican
___ Hispanic: Puerto Rican	___ Hispanic: Puerto Rican	___ Hispanic: Puerto Rican
___ Hispanic: Other	___ Hispanic: Other	___ Hispanic: Other
___ Native American	___ Native American	___ Native American
___ White/ Non-Hispanic	___ White/ Non-Hispanic	___ White/ Non-Hispanic

4. Please indicate whether your family's health insurance is (check one):

a. \_\_\_ private                      b. \_\_\_ public                      c. \_\_\_ uninsured

5. Please enter the number of persons in your household: \_\_\_\_\_

6. Household income is (check one):

a. \_\_\_ <\$9,999    b. \_\_\_ \$10,000 to 14,999    c. \_\_\_ \$15,000 to 24,999    d. \_\_\_ >\$25,000

7. Last interaction your family had with the health care system (check one):

a. Less than 3 months    \_\_\_                      b. 6 months to one year    \_\_\_  
 c. 3 to 6 months                      \_\_\_                      d. More than one year    \_\_\_

8. Health care service most often used by the family (check one):

a. \_\_\_ Emergency Room                      b. \_\_\_ Family Physician  
 c. \_\_\_ Health Center/Clinic                      d. \_\_\_ Traditional Healer