

RETURNING PARTICIPANT APPLICATION FORM

JENSEN-SCHMIDT TENNIS ACADEMY

This form is for individuals who participated in the Jensen-Schmidt Tennis Academy in Los Angeles the previous year and who have had no significant changes to their health since participating last year. If there has been a significant change in health since last year, please fill out the standard "APPLICATION FOR PARTICIPATION" form so that we may have the most current health information.

NAME: _____ AGE: _____

T-SHIRT SIZE: Adult _____ or Child _____ GENDER: M or F (circle)

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN PRIMARY PHONE: (____) _____

PARENT/GUARDIAN E-MAIL: _____

EMERGENCY CONTACT NAME/PHONE : _____

HEALTH INSURANCE COMPANY: _____

MEDICAID: _____

Signature of Person completing form: _____ Date: _____

Please send this form and the Release form, to the following address:
(or please email it to greenelightfoundation@yahoo.com)

JSTA c/o Greenelight Foundation

3300 Winona Ave., Suite 1

Burbank, CA 91504

Please direct any questions to greenelightfoundation@yahoo.com

You may visit our website for further info @ www.greenelightfoundation.org

RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, _____, am at least 18 years old and have submitted the attached application for participation in the *JENSEN-SCHMIDT TENNIS ACADEMY*.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in *JENSEN-SCHMIDT TENNIS ACADEMY* activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in the *JENSEN-SCHMIDT TENNIS ACADEMY*.

The *JENSEN-SCHMIDT TENNIS ACADEMY* has my permission (both during and anytime after), to use my likeness, name, voice or words in either television, radio, film, newspaper, magazines and other media, and in any form, for the purpose of advertising or communicating the purpose and activities of the *JENSEN-SCHMIDT TENNIS ACADEMY* and/or applying for funds to support these purposes and activities.

If, during my participation in *JENSEN-SCHMIDT TENNIS ACADEMY* activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize the *JENSEN-SCHMIDT TENNIS ACADEMY* to take whatever measures necessary to protect my health and well-being, including if necessary hospitalization.

I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper I am saying that I agree with the provisions of this release.

Signature of the adult athlete: _____ Date: _____

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Name: _____ Date: _____

Relationship to athlete: _____

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of _____, the minor athlete, on whose behalf I have submitted the attached application for participation in the *JENSEN-SCHMIDT TENNIS ACADEMY*. I hereby represent that the athlete has my permission to participate in *JENSEN-SCHMIDT TENNIS ACADEMY* activities.

I further represent and warrant that, to the best of my knowledge and belief, the athlete is physically and mentally able to participate in *JENSEN-SCHMIDT TENNIS ACADEMY* activities. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude the athlete from participating in the *JENSEN-SCHMIDT TENNIS ACADEMY*.

In permitting the athlete to participate in the *JENSEN-SCHMIDT TENNIS ACADEMY*, I am specifically granting my permission (both during and anytime after), to use the athlete's likeness, name, voice or words in either television, radio, film, newspaper, magazines and other media, and in any form, for the purpose of advertising or communicating the purpose and activities of the *JENSEN-SCHMIDT TENNIS ACADEMY* and/or applying for funds to support these purposes and activities.

If, during the athlete's participation in *JENSEN-SCHMIDT TENNIS ACADEMY* activities, and she/he should need emergency medical treatment, and I am not personally present to give my consent or make arrangements for that treatment, I authorize the *JENSEN-SCHMIDT TENNIS ACADEMY* to take whatever measures necessary to protect the athlete's health and well-being, including if necessary hospitalization. I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this application, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby give my permission for the athlete named above to participate in the *JENSEN-SCHMIDT TENNIS ACADEMY*.

Signature of parent/guardian: _____ Date: _____
