

**APPLICATION FOR FIRST TIME PARTICIPATION IN THE  
JENSEN-SCHMIDT TENNIS ACADEMY**

PARTICIPANT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

T-SHIRT SIZE (S,M,L,XL,2XL): Adult \_\_\_\_\_ or Child \_\_\_\_\_ GENDER: M or F (circle)

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN PRIMARY PHONE # \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME/PHONE: \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_

MEDICAID: \_\_\_\_\_

**HEALTH HISTORY**

	YES	NO		YES	NO
1. Heart disease/heart defect/high blood pressure	___	___	13. Asthma	___	___
2. Chest pain	___	___	14. Easy bleeding	___	___
3. Seizures/epilepsy/fainting spells	___	___	15. Emotional/behavioral	___	___
4. Diabetes	___	___	16. Sickle cell trait	___	___
5. Concussion or serious head injury	___	___	17. Allergy: _____		
6. Major surgery or illness	___	___	18. Immunization up to date	___	___
7. Heat stroke/exhaustion	___	___	19. Date of last tetanus shot: _____		
8. Blindness/visual problems	___	___			
9. Contact lenses/glasses	___	___			
10. Hearing loss/hearing aid	___	___			
11. Bone or joint problems	___	___			
12. Special diet	___	___			

MEDICATION: Please print medication name, date prescribed, amount, and number of times per day medication is given:

\_\_\_\_\_

Signature of Person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATLANTO-AXIAL INSTABILITY ASSESSMENT  
FOR ATHLETES WITH DOWN SYNDROME**

**PLEASE NOTE:** All children and young adults with Down syndrome are required to have a full radiological examination establishing the absence of Atlanto-Axial Instability before she/he may participate in sports or events which by their very nature, may result in hyperextension, radical flexion or direct pressure on neck or upper spine.

	YES	NO	
Has x-ray evaluation for atlanto-axial instability been done?	___	___	Date of x-ray: _____
If yes, was it POSITIVE for atlanto-axial instability	___	___	

**FROM LAST PHYSICAL EXAMINATION    DATE:** \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_    Weight: \_\_\_\_\_    Height: \_\_\_\_\_

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Vision	___	___	Cardiovascular System	___	___	Cranial Nerves	___	___
Hearing	___	___	Respiratory System	___	___	Coordination	___	___
Oral Cavity	___	___	Gastrointestinal System	___	___	Reflexes	___	___
Neck	___	___	Genitourinary System	___	___			
Extremities	___	___	Skin	___	___			

Please email this completed application to: [greenlighttennis@gmail.com](mailto:greenlighttennis@gmail.com)  
or mail to:

***JSTA c/o Greenelight Foundation  
3300 Winona Ave., Suite 1  
Burbank, CA 91504***

***Please direct any questions to [greenlighttennis@gmail.com](mailto:greenlighttennis@gmail.com)  
Visit our website for further info: [www.greenlightfoundation.org](http://www.greenlightfoundation.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: \_\_\_\_\_