## Youth Tennis Advantage

**Inspiring inner city kids on the court and in the classroom.**

San Francisco | Berkeley | Oakland

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### YTA Registration -- Free Program for Ages 8 to 18

YTA Programs are free, but students are required to submit a completed registration form in order to participate. **Please fill out both sides completely.**

To register: complete both sides of this form and give to your Site Director.

Online Registration available [youthtennisadvantage.org](http://youthtennisadvantage.org)

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### John McLaren Park

100 John F Shelley Dr. San Francisco, CA 94134  
(cross street Mansell)

**Winter location Crocker Amazon Tennis Courts**  
Site Director: Wing-Yan So, 415.830.1035

**After-School Program:** Mon - Fri, 4:00 - 6:00 pm  
M/W/F - Beg/Adv Beg  
T/TH/F - Int/Adv -- evaluation required before attending  
Summer Hours TBA

### Hunters Point

195 Kiska Road San Francisco, CA 94124  
(next to the Willie Mays Boys & Girls Club)

Site Director: Thomas White, 415.902.9966

**After-School Program:** Mon - Fri, 2:00 - 5:00 pm  
Summer Hours TBA

### Mosswood Park

3612 Webster St.  
Oakland, CA 94609

Site Director: Terry Stewart  
510.214.2028

**Hours:** Contact Terry Stewart

### Bear Trax

Hellman Tennis Complex on the Cal campus  
Oxford St. and Frank Schlessinger Way  
Berkeley, CA 94704

Site Director: Cynthia Price, 415.362.2700

**After-School Program:** Mon - Fri, 5:00 - 7:00 pm  
Summer Hours TBA

### Bushrod Rec Center

560 59th St.  
Oakland, CA 94609

Site Director: Terry Stewart  
510.214.2028

**After-School Program:** Mon - Fri, 4:00 - 6:00 pm  
Summer Hours TBA

### Register for YTA -- 2018/19 School Year + Summer ‘19

**CHOOSE YOUR YTA LOCATION**

- [ ] John McLaren Park  
- [ ] Hunters Point  
- [ ] Bear Trax  
- [ ] Mosswood  
- [ ] Bushrod

**CHOOSE YOUR SESSION (SELECT ALL THAT APPLY):**

- [ ] After School Program 2018/19  
- [ ] Summer 1 (2019 dates TBA)  
- [ ] Summer 2 (2019 dates TBA)

**NEW OR RETURNING TO YTA:**

- [ ] New Student  
- [ ] Returning Student  
  (Year Joined YTA: ____________)

**DAY(s) YOU ARE PLANNING ON ATTENDING (ESTIMATE IS FINE):**

- [ ] Monday  
- [ ] Tuesday  
- [ ] Wednesday  
- [ ] Thursday  
- [ ] Friday

**STUDENT INFORMATION**

Full Name ____________________________________________  
Today’s Date _______________

Address ______________________________________________  
Gender (circle one)  Male  --  Female

City ________________________________________________  
Birthdate ________________  Age __________

State ________________ Zip ________________  
Ethnicity _______________________________

Student Email ________________________________________  
Phone _______________________________

T-Shirt Size  
- [ ] Youth S  
- [ ] Youth M  
- [ ] Youth L  
- [ ] Adult S  
- [ ] Adult M  
- [ ] Adult L  
- [ ] Adult XL

School Information 2018/19:

School ________________________________________________  
Grade in School Year 2018/2019 ________________

Teacher’s Name ________________________________________

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Youth Tennis Advantage | PO Box 330458  San Francisco, CA 94133 | (415) 362-2700 | info@youthtennisadvantage.org
Who does the student live with? __________________________________________________________

Head of Household Name __________________________ Name _________________________________

Relationship ____________________________________ Relationship ____________________________

Cell Phone _____________________________________ Cell Phone ____________________________

Email _________________________________________ Email ________________________________

EMERGENCY CONTACTS Please list additional emergency contact(s) other than the adult(s) listed above.

Name _____________________________________ Name _________________________________________

Relationship ________________________________ Relationship ____________________________________

Emergency Phone____________________________ Emergency Phone _______________________________

In case of a medical emergency, the following information may be needed:

Allergies _______________________________________ Known Illnesses or Injuries ____________________________

Medication _____________________________________ Health Insurance Name _____________________________

Doctor’s Name & Phone__________________________ Health Insurance Provider # ___________________________

Do you qualify for your school’s free/reduced lunch? *(Required answer)

___ Yes    ___ No

How many people live in your household? *(Optional)

_____ Adults   _____ Children

What is the highest level of education completed in your household? *(Optional)

Please indicate your total household income:

(Optional)

___ Less than $10,000    ___ $35,000 - $49,000

___ $10,000 - $14,999    ___ $50,000 - $74,999

___ $15,000 - $24,999    ___ $75,000 or more

___ $25,000 - $34,999

PARENT/GUARDIAN RELEASE OF LIABILITY

Please read carefully, your signature below indicates your agreement to the following:

I hereby give (name of child) permission to participate in Youth Tennis Advantage’s tennis, academic, and life skills programs. Hold Harmless & Permission Agreement: In consideration of participation in this program, I agree to indemnify or hold harmless Youth Tennis Advantage (YTA), its officers, employees and agents from all liability for any injury arising out of, or in connection with participation in the program and field trips. I have read the above agreement and fully understand that I shall assume all risks for any injuries received. Photo/Media Release: I hereby give permission for YTA to use my child(ren)’s photo/video image(s) in public releases, marketing, social media, or any other format YTA may choose. Surveys & Questionnaires: I hereby give permission for my child to participate in the tracking of YTA’s outcomes/goals, which may include: taking surveys, participation in focus groups. I also grant access to my child’s academic records i.e. report cards/transcripts and standardized test scores to YTA, which will be kept confidential and used specifically for the purpose of evaluating the success of YTA’s programs and supporting your child’s academic success.

Signature of Parent/Guardian___________________________________________  Date________________________

Parent/Guardian name (please print)__________________________________________________________________