



**APPLY EARLY!!
REGISTRATION
DEADLINE APRIL 1st!!!**

Dear Student and Parent/Guardian,

Thank you for your interest in the 2017 PlaySmart Academy!

Completing this registration packet is your first step towards learning new skills, meeting new people and having fun at the Academy this summer!

Here are a few very important reminders:

1. The Academy will be held at **Rye Country Day School** **DATE TBD**, **Monday through Friday**. The program begins at 9am (supervision begins at 8:30am) and ends at 3:30pm (pick-up/walk home is expected no later than 3:45).
2. **ALL** sections and forms/waivers in this packet must be filled out by a parent/legal guardian.
3. There are two sections that the **STUDENT** is responsible for (Personal Statement and Signature of Reference Form). These are required for consideration of the full application.
4. Optional "Open House Meetings" to field questions and discuss the program will be held in May/June. Dates/times will be announced prior. However please contact me anytime with questions about the program!

Lastly, once we are in receipt of your completed application, we will send you a confirmation email and/or letter.

Please feel free to contact me with any questions.

Liz Delizia
PlaySmart
(917) 449-7043
liz@playsmart.org

COMPLETED REGISTRATION CAN BE MAILED TO THE FOLLOWING ADDRESS:

Liz Delizia
PlaySmart
30 Johnson Place
Rye, NY 10580

SPACE IS LIMITED TO 80 STUDENTS. REGISTRATION DEADLINE IS MAY 1st. APPLY EARLY!!!

*** IF YOU HAVE MORE THAN ONE CHILD IN THE PROGRAM YOU MUST COMPLETE A REGISTRATION FORM FOR EACH CHILD. ***

PLEASE PRINT CLEARLY

2016 PlaySmart Academy Registration Form

Rye Country Day School **DATE TBD** , 9:00am – 3:30pm

Today's Date:

STUDENT INFORMATION

Child's First Name: _____ Child's Middle Name: _____ Child's Last Name(s): _____

Home Address: _____ APT # _____

City: _____ State: _____ Zip: _____ Home Phone #: _____

Current School: _____ Birth Date: Month/Day/Year _____ Current Grade: _____ Male or Female (circle) _____

Email: _____ Cell Phone #: _____ May we text you? Yes _____ No (circle one) _____

Child's Ethnicity
(Circle all that Apply) African American Anglo Hispanic Native American Asian Other: _____

Who does this child primarily live with? Mother Father Siblings Grandparents Relatives Other: _____

Is this child eligible for the free or reduced lunch program? YES _____ NO _____

What is the child's current swimming ability? (circle one)

Beginner cannot swim	Intermediate can swim with supervision	Advanced can swim with NO supervision
----------------------	--	---------------------------------------

How will this child attend the Academy? (circle one)

Parent/Guardian/Relative will transport*	PlaySmart Bus
--	---------------

*List names of those besides parent/guardian authorized to transport your child:

PARENT/GUARDIAN INFORMATION #1

Name of Parent/Guardian (First, Middle, Last): _____ Relationship to Child: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____ May we text you? (please circle) Yes _____ No _____

PARENT/GUARDIAN INFORMATION #2

Name of Parent/Guardian (First, Middle, Last): _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Employer: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____ May we text you? (circle one) Yes _____ No _____

In case of an Emergency and parent/guardian above cannot be reached please list a contact person below:

Contact: _____ Relationship: _____ Phone: _____

STUDENT MEDICAL INFORMATION & EMERGENCY MEDICAL AUTHORIZATION

Doctor's Name: Doctor's Address: City, State, Zip Code	Phone: Phone:
Health Insurance Company: Policy #:	Phone:

Please review each category below and mark all boxes that apply to your child. Please specify any medication your child takes regularly and complete the medication request form that is attached.

Category	Yes	No	Please State any Allergies, Medical Conditions, Medications Taken, Side Effects to Watch For, Special Needs or Special Instructions <i>Do Not Leave Blank. If No Instructions Write N/A or NONE.</i>
Allergies			
Asthma			
Medical Problems			
Special Dietary Needs			
Hepatitis C			
Current Medication			
Other			

**If medication needs to be administered during program hours, I will complete the necessary additional paperwork and follow all necessary requirements. I understand that over the counter medications such as Tylenol, Pepto Bismal, Etc. will not be administered by the Program to my child. **

RELEASES

Liability and Medical Emergency: PlaySmart provides sports, educational and recreational programs. I understand that membership is voluntary and have confidence that every precaution will be taken to ensure the safety and well-being of my child. I understand the activities and services may have an element of hazard and inherent danger and I take full responsibility for the actions and physical condition of my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend PlaySmart, its officers, directors and agents, chaperones or representatives associated with the event, arising from or in connection with my child attending or being transported to and from the event (including field trips), or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate PlaySmart, its officers, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I understand if my child has health problems, I must inform PlaySmart before participation in any activity. I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to PlaySmart staff to secure medical/surgical treatment for my child including transporting my child to a hospital for emergency medical or surgical treatment. I will accept all expenses of such care. I wish to be notified, if I cannot be reached please notify the emergency contacts listed on this application.

Program Curriculum: I understand that my child may attend classes that may include age appropriate discussions around character development, healthy living, and other lessons (i.e. violence prevention, drug abuse prevention, eating disorder education, healthy relationship education, etc.).

Data Collection: I understand that my child may be asked questions that assess his/her experience with PlaySmart's program, his/her or their feedback on the program, and any impact the program may have had on them. I understand that all information collected on my child will be kept confidential. Only data that is anonymous (i.e., do not directly link my child or children's name(s) to the records) may be released to an outside party for evaluation purposes.

Media Release: I hereby give full consent to the PlaySmart, and it partners, to photograph or publish (via print, audio, video, internet) any photograph, audio recording and/or video by them in which me or my child(ren) appears. I agree they may be used for an indefinite time period, unless otherwise expressed by myself, for public display and/or publication; and may be posted on the internet.

Parent/Guardian Signature: _____ **Date:** _____



PERSONAL STATEMENT

Dear Student,

We are excited you are interested in the PlaySmart Academy! Space is limited for this unique experience. PlaySmart features a number of different sports and life-skills combined – the idea is the lessons you learn on the sports field can be applied in life. In addition to learning and playing tons of sports, we cover topics like respect, hard work, teamwork, sportsmanship, and honesty. Please describe briefly below why you would like to attend the Academy and why you think your application should be considered for this opportunity. Include this page with the entire application form when you submit it. Thank you!



SIGNATURE OF REFERENCE FORM

Dear Student,

As attending the Academy is a leadership development experience, we are requiring **you** to ask a caring adult to provide a reference for you. This is someone *other than* your parent/guardian or family member such as a teacher, coach, mentor, faith leader or someone that knows and supports you. Please bring this form to someone of your choice and ask him/her to fill it out. Then, return this form with your application or have this person email or mail it back to PlaySmart.

ATTENTION PERSON OF REFERENCE:

The student before you is applying to attend the PlaySmart Academy. The Academy is a unique program for middle school students combining sports and life skills development. The Academy helps build confidence, expose students to future possibilities for themselves, teaches new life skills and connects them to positive people in the community. By providing this signature of reference, you are helping with the student's first leadership exercise and also giving your approval that this student would benefit from attending the Academy. Please see the below directions for returning this form. Thank you for your assistance in helping our young people reach their academic and life potential through sports!

Name of Student: _____

Reference Name: _____ Position: _____

Email: _____ Phone: _____

Relationship to Applicant _____

Do you recommend this student to attend the PlaySmart Academy? YES NO
(please circle)

Please provide any comments about this applicant attending the program:

Reference Signature: _____

You may give this form back to the student OR email it to liz@playsmart.org OR mail it to
Liz Delizia, PlaySmart, 30 Johnson Place, Rye, NY 10580
liz@playsmart.org