

APPLY EARLY!!
REGISTRATION DEADLINE
IS MAY 15th !!!

Dear Student and Parent/Guardian,

Thank you for your interest in the 2019 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 **University of Central Oklahoma**, **June 24-28**, **2019**, **Monday through Friday**. The program begins at 8:30am (supervision begins at 8:30am) and ends at 3:00pm (drop off/pick-up is expected no later than 3:15pm).
- 2. ALL sections and forms/waivers in this packet must be filled out by a parent/legal guardian.
- 3. There is a section that the STUDENT is responsible for the "Signature of Reference" form. This section requires the student to ask a teacher, coach, mentor, or faith-leader for a signature of recommendation. This is a MUST to participate.

Lastly, once we are in receipt of your completed registration, we will send you a confirmation email and/or letter with additional information on the Academy.

Please feel free to contact us with any questions. We look forward to your participation this summer!

McKenzie Akin, PlaySmart Oklahoma City Regional Manager

Cell (405) 606-9288 Email: mac@playsmart.org

COMPLETED REGISTRATION CAN BE MAILED TO THE FOLLOWING ADDRESS:

McKenzie Akin PlaySmart 3040 Quail Creek Rd., Oklahoma City, OK 73120

SPACE IS LIMITED TO 60 STUDENTS. REGISTRATION DEADLINE IS May 15th. APPLY EARLY!!!

These materials are neither sponsored by nor endorsed by the Putnam City Schools, the Putnam City Board of Education, its agents, or its employees. The views and the information contained in the materials do not reflect the approval or disapproval of the Board or the School District and its administration.

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

2019 PlaySmart Academy Registration Form

University of Central Oklahor	Today's Date:							
	STUDEN	NTINFORMA	TION					
Child's First Name:	Child's Mid		Child's Last Name(s):					
Home Address:				APT#				
City:	State:		Zip:	Home Phone #:				
Current School:	Birth Date: Month/Day/Year		Current Grade:	ade: Male or Female (circle)				
Email:	Cell Phone #:		May we text you	you? Yes No (circle one))
Child's Ethnicity (Circle all that Apply) African A	American Anglo Hispa	nic Native Ar	merican Asia	n Other	:			
Who does this child primarily liv	e with? (circle all that applies	s) Mother Fathe	r Siblings G	randparents	Relat	ives Oth	ner:	
Adult T-shirt size: (circle one) Sn Other:	nall Medium Large XL	Shoe Size	:(please circle YC	OUTH or ADUL	_T) <u>W</u>	hat size'	?	
Is this child eligible for the free or reduced lunch program?						YES	6	NO
What is the child's current swimming ability? (circle one)				Gannot swim can s		rmediate swim with pervision	wim with can swim with	
How will this child attend the Ac		Bus Re		t/Guardian/ ative will nsport*	tive will take alternative			
*List names of those besides par	rent/guardian authorized to	transport your c	hild:					
PARENT/GUARDIAN INF	FORMATION #1							
Name of Parent/Guardian (First, Middle, Last):			Relation	ship to Child:				
Home Address:			City:	City: State			Zip:	
Home Phone:	Employer:		Work Ph	none:				
Email Address:	Cell Phone:		May we text you? (please circle) Yes			s No		
PARENT/GUARDIAN INF	FORMATION #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:	Relation	onship:		Phone:				

Doctor's Address: Doctor's Address: City. State. Zip Code Phone: Phone: Ph							
Doctor's Address: Health Insurance Company:	STUDENT	MEDICAL	INFO	RMATION & E	MERGEN	CY MEDIC	CAL AUTHORIZATION
Health Insurance Company: Policy #: 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 Insurations Allergies Allergies Allergies Ashma Medical Problems Special Dietary Needs Hepatitis C Current Medication Cither "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 Tylend, 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 activates 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 heise, 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 harmed herein, or our heise, with the event of an emergency. Hereby give permission to PlaySmart staff to secure medical-guiged in connection therewith, and I agree to compensate PlaySmart, its officers, directors and agents, chaperones, or representatives associated with the event for memergency. Hereby give permission to PlaySmart staff to secure medical-guiged treatment for my child including transported to and character development, healthy living, and other lessons (i.e., violence prevention, drug abuse prevention, eating disorder education, hea	Doctor's Name:						
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Parent/Guardian Signature:

Date:



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. A caring adult 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 them to fill it out. Then, return this form with your registration packet or have this person email or mail it back to PlaySmart.

ATTENTION PERSON OF REFERENCE:

The student before you is applying to attend the 2019 PlaySmart Academy. The Academy is a unique program for middle school students combining sports, academics 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.

Name of Student:	<u> </u>	
Reference Name:	_Position:	_
Email:	Phone:	_
Relationship to Applicant:		
Do you recommend this student to attend the PlaySmart Academy?	y? YES NO (please circle)
Please provide any comments about this applicant attending the pro-	orogram:	
Reference Signature:		

You may give this form back to the student OR email it to mac@playsmart.org OR mail it to PlaySmart, c/o McKenzie Akin, 3040 Quail Creek Rd., Oklahoma City, OK 73120