



APPLY EARLY!
Due to Covid, capacity is
limited to 30 participants
only!

Dear Student and Parent/Guardian,

Thank you for your interest in the 2021 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 details:

1. The Academy will be held at **Rye Nursery Field, July 12-16, Monday through Friday**. The program begins at 9am and ends at 1:30pm. **NOTE: Rainy days there will be no Academy!**
2. **ALL** sections and forms/waivers in this packet must be filled out by a parent/legal guardian.
***AS OF NOW, MASKS WILL BE REQUIRED**
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.

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.

Monica Brenner
PlaySmart
(917) 881-7041
Monica@playsmart.org

COMPLETED REGISTRATION CAN BE MAILED TO THE FOLLOWING ADDRESS:

Monica Brenner
PlaySmart
4 Platt Lane
Rye, NY 10580

SPACE IS LIMITED TO 30 STUDENTS. APPLY EARLY!!!

PLAYSMART ACADEMY JULY 12-16, 2021 9 AM - 1:30 PM NURSERY FIELD, RYE, NY	SPACE IS LIMITED! APPLY EARLY!
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STUDENT INFORMATION (PRINT CLEARLY)			
CHILD'S FIRST NAME:		CHILD'S LAST NAME:	
HOME ADDRESS:		APARTMENT #	
CITY & STATE:		ZIP CODE:	CELL #:
CURRENT SCHOOL:		CURRENT GRADE:	
BIRTH DATE:		CIRCLE ONE: MALE OR FEMALE	
EMAIL ADDRESS:			
CHILD'S ETHNICITY (CIRCLE ALL THAT APPLY): BLACK or AFRICAN AMERICAN WHITE ASIAN HISPANIC or LATINO OTHER			
T-SHIRT SIZE (CIRCLE): YOUTH SMALL YOUTH MEDIUM YOUTH LARGE YOUTH XLARGE ADULT SMALL			
IS THIS CHILD ELIGIBLE FOR FREE OR REDUCED LUNCH?			
WHAT IS THIS CHILD'S SWIMMING ABILITY?	CANNOT SWIM	CAN SWIM WITH SUPERVISION	CAN SWIM WITHOUT SUPERVISION
HOW WILL THIS CHILD GET TO PLAYSMART?	FREE PLAYSMART BUS	PARENT/GUARDIAN WILL DRIVE TO AND FROM PLAYSMART	
PARENT/GUARDIAN INFORMATION			
PARENT/GUARDIAN FIRST & LAST NAME		RELATION TO CHILD	
HOME ADDRESS (IF DIFFERENT THAN CHILD):			
CITY & STATE:		ZIP CODE:	
CELL #:		EMPLOYER:	
EMAIL ADDRESS:			

STUDENT MEDICAL INFORMATION & EMERGENCY MEDICAL AUTHORIZATION

The CDC recommends that everyone 12 years and older get fully vaccinated against COVID-19. Please indicate if your child has received the COVID-19 vaccine. YES or NO If Yes, answer the following:

Date of 1 st Dose:	Date of 2 nd Dose (if applicable):	
Doctor's Name:		Phone:
Address:		
	City State Zip Code	
Health Insurance Co:		Phone:
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.

**Please State any Allergies, Medical Conditions, Medications Taken, Side Effects to Watch For, Special Needs or Special Instructions
Do Not Leave Blank. If No Instructions Write N/A or NONE.**

Category	Yes	No	
Allergies			
Asthma			
Medical Problems			
Special Dietary Needs			
Hepatitis C			
Current Medications			
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.

**Assumption of the Risk and Waiver of Liability Relating
to Coronavirus/COVID-19**

In light of the COVID-19 pandemic, I further acknowledge additional health and safety risks associated with participation in the program/event. Notwithstanding the foregoing, I, on behalf of myself and the minor for whom I am the parent or guardian, agree to participate in the program/ activity and waive and relinquish all rights to assert a claim or lawsuit of any kind, or any expenses related to any exposure to Covid-19 from participation in the program/event that I, or the minor for whom I am the parent or guardian to, may have. I, on behalf of myself and the minor for whom I am the parent or guardian, further agree to the following waivers:

I hereby give my permission for my child to attend PlaySmart Academy and that I hereby assume the responsibility and the risk for my child while participating in PlaySmart Academy.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending PlaySmart Academy and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at PlaySmart’s Academy may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PlaySmart staff, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at PlaySmart’s Academy. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless PlaySmart Inc., its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of PlaySmart’s Academy, its employees, volunteers, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any of PlaySmart’s events.

I hereby agree to indemnify, defend, and hold harmless the Released Parties from and against any and all costs, expenses, damages, claims, lawsuits, judgments, losses, and/or liabilities (including attorney fees) arising either directly or indirectly from or related to any and all claims made by or against any of the Released Parties due to bodily injury, death, loss of use, monetary loss, or any other injury from or related to my child’s use of all City of Rye facilities, tools, equipment, or materials, whether caused by the negligence of the Released Parties or otherwise specifically related to COVID-19.

I acknowledge and represent that I have read the foregoing Waiver of Liability, and fully understand all provisions, and hereby sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and Indemnification requirements contained in this document; I am sufficiently informed about the risks involved in allowing my child to use the City of Rye facilities, tools, equipment, and materials, to decide whether to sign this document; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I execute this document for full, adequate, and complete consideration fully intending to be bound by the same.

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! (use the back of this page if you need more space to write)

SIGNATURE OF REFERENCE FORM

Dear Student,

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 2021 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: _____

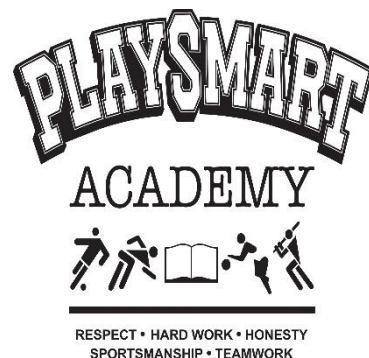
Email: _____ Phone: _____

Relationship to Applicant _____

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

Please provide any comments about this applicant attending the program:

Reference Signature: _____



You may give this form back to the student OR mail it to **Monica Brenner, PlaySmart, 4 Platt Lane, Rye, NY 10580** OR email it to **monica@playsmart.org**