

Dear Student and Parent/Guardian,

Thank you for your interest in the 2018 PlaySmart Academy! Our Academy is geared towards 7<sup>th</sup> graders.  
*7<sup>th</sup> graders going into 8<sup>th</sup> grade*

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

1. The Academy will be held at **The Kroc Center, Salvation Army, 2825 Y Street, Omaha, NE Monday, June 3 through Friday, June 7**. The program begins at 9am (supervision begins at 8:30am) and ends at 3:00pm (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 (see page #4). This section requires the student to ask a teacher, coach, mentor, or faith-leader for a signature of recommendation
4. Cell phones and all other electronic devices are permitted, however they are **NOT** to be used while attending sessions. Any participant that brings one of these items is doing so at their own risk. Inappropriate use of electronics may face disciplinary consequences should it cause a distraction to the program.
5. Please submit your completed packet to us either by mail:

**Chad Soupir - Principal  
Elkhorn Valley View Middle School  
1313 South 208th Street  
Elkhorn, NE 68022**

OR scan and email to: [PlaysmartOmaha@gmail.com](mailto:PlaysmartOmaha@gmail.com)

Space for our Academy is limited so please return this as soon as you can. We will send a confirmation letter and email to those students whose fully completed packet is received by the **May 1<sup>st</sup>** registration deadline.

Please feel free to contact us with any further questions to **Chad Soupir, PlaySmart Regional Director, cell 402-650-7870 or email: csoupir@epsne.org**

## 2019 PlaySmart Academy Registration Form

<b>The Kroc Center, Salvation Army, June 3-7, 2019, 9am – 3pm</b>			
STUDENT INFORMATION			
<b>Child's First Name:</b>		<b>Child's Middle Name:</b>	<b>Child's Last Name(s):</b>
Home Address:			APT #
City:	State:	Zip:	Home Phone #:
Birth Date: Month/Day/Year	Current School:	Current Grade:	<input type="radio"/> Male <input type="radio"/> Female
Email:	Cell Phone #:	May we text you? <input type="radio"/> Yes <input type="radio"/> No	
Child's Ethnicity			
<input type="radio"/> African American <input type="radio"/> Anglo <input type="radio"/> Hispanic <input type="radio"/> Native American <input type="radio"/> Asian    Other:			
Who does this child primarily live with? (circle all that apply)			
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Grandparents <input type="radio"/> Relatives, Relationship: <input type="radio"/> Other, Relationship:			
<b>Youth T-shirt size:</b> <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> XL <b>Adult T-shirt size:</b> <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Large <input type="radio"/> XL			
Is this child eligible for the free or reduced lunch program? <input type="radio"/> Yes <input type="radio"/> No			
What is the child's current swimming ability?	<b>Cannot swim</b> <input type="radio"/>	<b>Intermediate can swim with supervision</b> <input type="radio"/>	<b>Advanced can swim with NO supervision</b> <input type="radio"/>
How will this child attend the Academy?	<b>Parent / Guardian / Relative will transport</b> <input type="radio"/>	<b>PlaySmart transportation assistance needed</b> <input type="radio"/>	
*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:	Email Address:	Cell Phone: May we text you? <input type="radio"/> Yes <input type="radio"/> No	
Employer:	Work Phone		
PARENT/GUARDIAN INFORMATION #2			
Name of Parent/Guardian (First, Middle, Last):			Relationship to Child
Address:			City:    State:    Zip:
Home Phone:	Email Address:	Cell Phone: May we text you? <input type="radio"/> Yes <input type="radio"/> No	
Employer:	Work Phone		
In case of an Emergency and parent/guardian above cannot be reached please list a contact person below:			
Name:			
Relationship:			
Phone:			

## STUDENT MEDICAL INFORMATION & EMERGENCY MEDICAL AUTHORIZATION

Doctor Name:	Address:		
Doctor Phone:	City:	State:	Zip:

Health Insurance Company		
Policy Number:	Policy Holder:	Insurance 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	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Special Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	
Current Medication	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

**\*\*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-Bismol, 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.

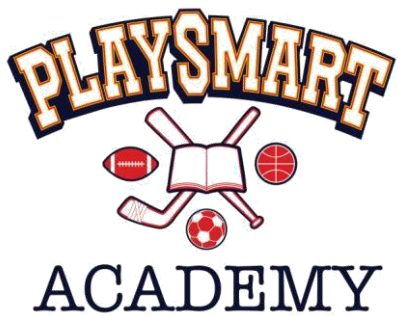
**Program Curriculum:** I understand that my child may attend classes that may include age appropriate discussions around character development, healthy living, and other lessons (i.e. violence prevention, drug abuse prevention, eating disorder education, healthy relationship education, etc.).

**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:**



## SIGNATURE OF REFERENCE

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: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Do you recommend this student to attend the PlaySmart Academy? YES or NO

Please provide any comments about this applicant attending the program:

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Reference Signature: \_\_\_\_\_

You may give this form back to the student OR email it to [PlaysmartOmaha@gmail.com](mailto:PlaysmartOmaha@gmail.com) OR mail it to:

>>>Chad Soupir – Principal, c/o Elkhorn Valley View Middle School, 1313 S. 208th St., Elkhorn, NE 68022<<<

*Thank you for your assistance in helping our young people reach their academic and life potential through sports!*