



FREE SPORTS & ENRICHMENT PROGRAM FOR SPRINGFIELD MIDDLE AND HIGH SCHOOL STUDENTS

The Hope for Youth & Families Foundation is excited to offer an amazing summer experience to any teen in the City of Springfield between the ages of 13-18.

A **FREE** Sports & Enrichment Program will be offered at 2 sites: Sci-Tech High School/Blunt Park and Forest Park Middle School/Forest Park beginning July 10, 2023, from 1-5 pm. **FREE** lunch and snacks will be available to all participants. Transportation is **NOT** included.

*All participants must be registered.

**Dates/times subject to change based on availability of facilities and will be confirmed by June 16, 2023.

Questions? Please call Chile Salazar at (413) 285-8886 or email chile@hyff.org

PARTICIPANT INFORMATION

PARTICIPANT NAME: _____

ADDRESS (Street/City/Zip): _____

AGE TODAY: _____ **BIRTH DATE:** _____ **PHONE #** _____ **EMAIL:** _____

SCHOOL NAME: _____ **GRADE ENTERING IN FALL:** _____ **SCHOOL ID#** _____

HOW WOULD YOU DESCRIBE YOURSELF? PLEASE CIRCLE ONE: MALE | FEMALE | TRANSGENDER | NON- BINARY

WHAT IS YOUR RACE/ETHNICITY?

- American Indian or Alaska Native Asian Black or African American Caucasian Hispanic or Latino
 Native Hawaiian or Pacific Islander Other

T-SHIRT SIZE: Youth Large Adult Small Adult Medium Adult Large Adult Extra-Large

WHICH SPORTS ARE YOU INTERESTED IN PARTICIPATING IN? PLEASE INDICATE YOUR #1 AND #2 CHOICE OF SPORTS:

- Basketball Baseball Girls Softball Wrestling Soccer Girls Volleyball Track
 Tennis Golf

LIST 2 WORDS THAT DESCRIBE THE KIND OF PERSON YOU ARE: _____

WHAT DO YOU LIKE TO DO FOR FUN? _____

WHAT CLUBS, ORGANIZATIONS OR SPORTS PROGRAMS DO YOU BELONG TO? _____

WHAT DO YOU WANT TO DO AFTER HIGH SCHOOL GRADUATION? WHY? _____

WHAT ARE YOUR GOALS FOR THE FUTURE? _____

WHY DO YOU WANT TO PARTICIPATE IN OUR SUMMER SPORTS & ENRICHMENT PROGRAM? _____

PARENT/LEGAL ADULT AND EMERGENCY CONTACT INFORMATION

PARENT/LEGAL GUARDIAN NAME: _____ RELATION: _____

CELL PHONE: _____ WORK PHONE: _____

PARENT/LEGAL GUARDIAN NAME 2: _____ RELATION 2: _____

CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT NAME OTHER THAN PARENT/GUARDIAN: _____

EMERGENCY CONTACT PHONE NUMBER: _____

MEDICAL INFORMATION AND RELEASE

Does the Participant have a chronic health condition? Examples include: asthma, allergies, ADHD, diabetes. If yes, an individual health care plan must be completed by a physician. **PLEASE CIRCLE:** YES / NO

IF YES, PLEASE DESCRIBE:

Please list **ALL medications** the Participant takes, both described and over the counter. All medications will be held by the assigned Sports Coach except rescue inhalers. All medication must come to the program in its original containers with proper dosage listed.

Does the Participant have any physical, mental, or other condition that would require special attention or medication while at program? **PLEASE CIRCLE:** YES / NO

IF YES, PLEASE DESCRIBE:

Is there any type of activity that the Participant should be restricted from? **PLEASE CIRCLE:** YES / NO

IF YES, PLEASE DESCRIBE:

MEDICAL TREATMENT RELEASE

In the event of an emergency at which time I cannot be reached, I give consent to transport the Participant by ambulance to a medical facility for treatment, and I will take full responsibility for this action and agree to pay any expenses incurred for this transaction and treatment. I hereby give my consent to any emergency facility and physician to administer medical treatment to the Participant according to the physician or facility's discretion.

By initialing here: _____, I give consent to the statement above.

CONSENT TO PARTICIPATE IN CITYWIDE PROJECT & PHOTOS/VIDEO

Your student's after-school or summer program is part of a citywide project. The project aims to understand the quality of after-school and summer programs in Greater Springfield, and how programs can help students grow their skills.

Below, you will find more information about the project, which starts in June 2023 and ends in June 2024. Please let us know if your student will participate by checking off ONE box at the bottom and signing this form. Thank you!

What does this project need from the Participant to understand after-school and summer program quality?

a) Your student's information, such as: program attendance, school name, race, gender, grade, age/date of birth, English learner (EL) status, special needs code, home zip code, State Assigned Student Identifier (SASID), and SPS ID. You don't need to have all of this information. With your permission, this program or the Springfield Empowerment Zone Partnership (SEZP) will provide it.

b) Your student's opinion on their experience in this program. This program will use one or more of these short surveys:

- Survey of Academic and Youth Outcomes (SAYO-Y): Asks about program experience and future plans.
- Holistic Student Assessment (HSA): Asks questions to understand their social and emotional strengths and needs.
- Common Instrument (CI): Asks about interest in science, technology, engineering, and math.

Will this information be private?

Yes. All of this data is private and is only used to improve after-school and summer programs. The data is only shared with organizations working on the citywide project: Boston After School & Beyond, SEZP, the National Institute on Out-of-School Time (creators of the SAYO-Y), and PEAR Inc. (creators of the HSA and CI). These organizations will not publish anything that includes your student's name. All information is reported in groups (for example, all 6th grade students who attended summer programs). PEAR Inc. reserves the right to use all HSA and CI data for both research and educational purposes. Other after-school and summer programs in this project may review your student's information to confirm whether your student is enrolled in their program. However, these programs will not be able to review your student's survey responses about their experience at this program.

What else would this project need from the Participant? If you agree, Hope for Youth & Families Foundation, Springfield Empowerment Zone Partnership (or their partners/agents) may film or take photos of your student before, during, or after the program. These images may be used to share your student's participation and perspective to a public audience. These images may be published, posted, or played through a variety of communication channels (for example, television or online).

****PLEASE CHECK ONE BOX AND SIGN:****

I have read this form and agree to let the Participant participate in this citywide project and in video/photography.

- I have read this form and agree to let the Participant participate in this citywide project, but not in video/photography.
- I have read this form and do not agree to let the Participant participate in this citywide project or in video/photography.

Authorized Signature: _____ **Print Name:** _____

MINOR PARTICIPANT WAIVER RELEASE AND INDEMINIFICATION:

PLEASE READ CAREFULLY AS THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING THE HOPE FOR YOUTH & FAMILIES FOUNDATION FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risk

By signing my name below, I confirm that I am the parent or legal guardian/adult of the above-named program participant ("Participant") and am over the age of 18. I certify that the Participant has my permission to attend the HYFF Sports & Enrichment Program and participate in all activities. I authorize The Hope for Youth & Families Foundation to use the Participant's picture, testimony, and video in any promotional material (web, print, or media). The Participant may receive any e-mails from the program. I further acknowledge and agree that any use of HYFF facilities (owned by or otherwise), services, equipment and premises ("Facilities") and any participation in HYFF programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19.

Additionally,

I, in my legal capacity as parent/guardian/adult of the participant named above ("Participant"), declare that the named Participant intends to use some or all of the activities, facilities, and services offered by the Hope for Youth & Families Foundation ("HYFF"). I understand that each person has a different capacity for participating in such activities or programs. I am aware that many of the fitness activities are self-directed, and I assume full responsibility during and after the Participant's participation.

I understand that personnel, who may not be licensed or certified, may conduct certain activities or programs. I accept the fact that the skills and competencies of some employees or volunteers will vary according to their experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not certified or licensed to provide such professional services.

I agree and represent that all physical exercises and recreational use of HYFF facilities, programs, and services and the use of HYFF facilities, programs, and services for treatment, therapy, or other purposes recommended by outside health professionals are undertaken by me and Participant at their sole risk, and that they are in good physical condition to make such use of HYFF facilities, programs, and services. In case of any accident or injury, I give consent for medical treatment for the Participant by authorized personnel at my sole expense. The HYFF Program carries secondary insurance.

I acknowledge and have discussed with Participant the obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or other symptom they may experience during or after participation. I understand that they may stop or delay their participation in any activity or program if they so desire and that they may also be requested to stop participation by a supervising employee who observes any symptoms of distress or abnormal response.

I voluntarily, for myself and Participant, accept and assume full responsibility for these risks, as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

In consideration of Participant's use of facilities and participation in programs I, in my legal capacity as parent/guardian of Participant, agree on behalf of myself and Participant that HYFF, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness, or disease

incurred by Participant, however occurring including, but not limited to, the negligence of releasees. I understand that Participant and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness, or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Participant, on behalf of Participant, myself, and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Participant, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in programs, I, in my legal capacity as parent/guardian of Participant agree on behalf of myself and Participant to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

PARENT/LEGAL GUARDIAN/ADULT SIGNATURE: _____

PRINT FULL NAME: _____ **DATE:** _____