



# SUMMER SPORTS AND ENRICHMENT PROGRAM APPLICATION FORM

May 30, 2017 – June 30, 2017



## Albany State University and the City of Albany, Georgia

Since 1968, the National Youth Sports Program (NYSP) has combined sports instruction with exciting educational programs for youths ages 9-15. Enrollment is open to all children in Dougherty County and surrounding communities.

The goal of the program is to engage students in activities that promote physical fitness, character development, civic responsibility and college readiness. Professionals will lead sessions on such topics as prevention of alcohol and drug abuse, nutrition and health, academic excellence, college and career visioning, and reading/writing instruction.

NYSP participants also receive a NYSP T-shirt, a daily USDA-approved meal, a free medical exam, and interaction with college students and professional staff. Youth will practice standard sports and learn new ones! Activities may include swimming, basketball, softball, tennis, volleyball, and dance/aerobics. Top quality sports equipment is provided by the program.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ M \_\_\_ F \_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City State Zip Code

Returnee: Yes \_\_\_ No \_\_\_ Number of Years: \_\_\_\_\_

Ethnicity: (check all that apply) \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White, Non-Hispanic \_\_\_\_\_ Two or More Races \_\_\_\_\_ Other

I, the student, volunteer and agree to take all training assessments and surveys offered in the program to track my progress in gaining knowledge and understanding of key concepts. I understand that my response on this item will not impact my eligibility to participate in the program.

Student Volunteers to take Program Assessments and Surveys? Yes \_\_\_ No \_\_\_  
Student Signature \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

I understand and consent that a medical examination will be required before enrollment in Program and that the host institution is authorized to obtain medical care or treatment deemed necessary.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

Residing within target area:

Yes \_\_\_ No \_\_\_

Eligible \_\_\_\_\_ Non-

Eligible \_\_\_\_\_

Medical examination record: