



## Bache-Martin Afterschool Basketball Program

**3<sup>rd</sup>-5<sup>th</sup> Grade: [ ] Basketball (January 9<sup>th</sup> – April 6<sup>th</sup>, 2017)**

**6<sup>th</sup>-8<sup>th</sup> Grade: [ ] Basketball (January 9<sup>th</sup>- April 6<sup>th</sup>, 2017)**

Thank you for your interest the afterschool basketball program led by Give and Go Athletics. Give and Go Athletics is a non-profit 501(c)(3) in Philadelphia, Pennsylvania offering year-round programming to help build self-esteem and empowerment through athletic and artistic expression. If you would like additional information regarding Give and Go Athletics please visit our website at <http://www.giveandgoathletics.org/>.

The Bache-Martin Afterschool Basketball Program runs from January to April 2017, three days a week afterschool on Monday, Wednesday and Thursday from 3:15 – 5:00pm. Participating students will receive basketball instruction, form a team, play games, and at the end of the program, perform in a mini-tournament.

- The 3<sup>rd</sup>-5<sup>th</sup> grade program will play their mini-tournament the week of April 3<sup>rd</sup> in the gym at Bache-Martin in front of supporters. Playoff games (April 3), Championship Game (April 5), and award ceremony (April 6).
- The 6<sup>th</sup>-8<sup>th</sup> grade program will participate in the Police Athletic League program and play their games at the Cozen PAL in Francisville (732 N. 17<sup>th</sup> Street) against teams from other schools! The schedule for the PAL games TBD.

**Only current Bache-Martin students in the 3<sup>rd</sup>-8<sup>th</sup> grade may apply. No experience is necessary!**

### **APPLICATION PROCESS**

Please complete **the program application** (including financial aid request form if applicable), and the release form. Do not submit payment at this time. Please return the application to the school's main office. **Applications are due on December 23, 2016.**

We will notify families of students who are selected to participate in the Basketball program over the Winter Break. Give and Go will contact each family and also indicate the program fee amount that is due. If you are selected to participate, payment of the fee is due by the first day of the program on January 9<sup>th</sup>. Non-payment will result in your student being dismissed from the program.

### **PROGRAM FEE AND FINANCIAL AID**

The fee for the afterschool program is \$150 and payment is due after enrollment confirmation and no later than the first day of the start of the program.

Limited financial aid is available. If you need financial assistance, please complete the Scholarship form, and Give and Go will determine the scholarship amount available for each student. We try very hard to make the program accessible to all students and not to turn a student away due to financial need.

**[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]**

## **PROGRAM SITE**

Give and Go Athletics will host the afterschool basketball program at the Bache-Martin School. The 3<sup>rd</sup>-5<sup>th</sup> grade students will practice and play games at the school. The 6<sup>th</sup>-8<sup>th</sup> grade students will practice at Bache-Martin and will occasionally go to the Cozen PAL in Francisville (732 N 17<sup>th</sup> Street) for practice and all games will held at the Cozen PAL as a part of their basketball league.

## **CONTACT INFORMATION**

Contact Person: Andre Wright  
Phone: 267.978.5946  
Email: [giveandgoathletics@gmail.com](mailto:giveandgoathletics@gmail.com)

Contact Person: Caleb Jones  
Phone: 610.637.9703  
Email: [calebjones80@gmail.com](mailto:calebjones80@gmail.com)

## **WHEN TO SHOW UP AND WHAT TO BRING**

The program will be held Monday, Wednesday, and Thursday from 3:15-5:00pm except on early dismissal days starting January 9<sup>th</sup>. The program provides all the necessary equipment, instructors, as well as a snack. **Students should bring** comfortable clothing (shorts or sweatpants) to change into, and close-toed shoes. Bringing a personal water bottle is highly recommended. Please note that if you choose to bring your own equipment or other personal item, Give and Go Athletics Camp cannot be responsible if it is lost or damaged.

## **COMPLETING YOUR APPLICATION**

### **Include the following:**

- Program application
- Scholarship application (if applicable)
- Signed Release Form

**Checks and Money Orders should be made out to: Give and Go Athletics**

\*Please do NOT send in payment at this time. Payment is due after enrollment confirmation and no later than the first day of the program start.

## **IMPORTANT INFORMATION**

**Applications** due December 23, 2016.

**Enrollment confirmation** given during Winter Break

**Payment** must be submitted by the first day of the program (January 9<sup>th</sup>)

**Thank you so much for your interest in this program -- we look forward to working with you.**

Any photos, recorded (audio or video) and written materials created for and/or during the program are property of Give and Go athletics and may be used for promotional purposes at the discretion of Give and Go athletics.

*The policy and intent of Give and Go Athletics is to provide equal opportunity for all persons regardless of race, color, religion, national origin, ancestry, marital status, political affiliation, affectional orientation, sex, status with regard to public assistance, disability, age, veteran status, and any other status protected under federal, state, or local laws. We promote respect and do not tolerate racism, sexism, homophobia, or other discriminatory behavior or expression.*

**[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]**

**GIVE AND GO ATHLETICS BACHE-MARTIN AFTERSCHOOL BASKETBALL  
PROGRAM APPLICATION**

**1. CHOOSE A GRADE GROUP**

Put an "x" next to the grade group you wish your child to participate in:

[ ] 3<sup>rd</sup>-5<sup>th</sup> Grade Program                      [ ] 6<sup>th</sup>-8<sup>th</sup> Grade Program

**2. STUDENT AND PRIMARY CONTACT INFORMATION**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_ Bache-Martin School \_\_\_\_\_ Grade: \_\_\_\_\_

T-Shirt Size (circle one): **Youth:** XS SM MED LG XL *or* **Adult:** SM MED LG XL XXL XXXL

Name of Parent/Guardian/Primary Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address you check frequently: \_\_\_\_\_

Best way to contact you? (Circle one)    **Home Phone**                      **Cell Phone**                      **Email**

What is the race/ethnicity of you/your student? \* \_\_\_\_\_ (Prefer not to say)

\*Knowing the demographic makeup of our campers/community can assist in grant writing, intentional outreach, and more -- please respond if you feel comfortable.

**3. EMERGENCY CONTACTS (provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)**

First Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Second Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

**4. DISMISSAL INFORMATION**

Your child's safety is our number one priority. It is important the teachers and staff working in our program know how your child will be traveling home when the program ends at 5:00pm.

- When the program ends at 5:00pm, my child will [Check]:
- Walk home
  - Take public transportation home
  - Be picked up by (provide names & phone numbers):

Name and Phone Number: \_\_\_\_\_

Name and Phone Number: \_\_\_\_\_

Name and Phone Number: \_\_\_\_\_

**5. SAFETY INFORMATION (please list all known conditions so we can accommodate your child's needs)**

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

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Does your camper have any behavioral or emotional issues the staff should know about?

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Is your camper taking any medications to treat these conditions?

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Health Insurance Information

Company \_\_\_\_\_ Policy # \_\_\_\_\_

**6. PREVIOUS BASKETBALL EXPERIENCE - NO EXPERIENCE NECESSARY!**

Tell us about your **Basketball** experience...

- |   |
|---|
| <p><input type="checkbox"/> I have never played basketball before.</p> <p><input type="checkbox"/> I have played or done this casually (on and off).</p> <p><input type="checkbox"/> I have played this or done this seriously for 3+ months.</p> <p><input type="checkbox"/> I have played done this a lot (1+ years).</p> |
|---|

Do you play any other sports that you enjoy? \_\_\_\_\_

**Please drop-off these pages to the school's main office no later than December 23, 2016.**

DO NOT PAY the program fee AT THIS TIME. Please only send the program fee when you have received enrollment confirmation. Thank you!

**7. PARENT/GUARDIAN WAIVER and SIGNATURE**

***Waiver of Liability***

*I hereby request my son/daughter to be admitted to the Bache-Martin Afterschool Basketball Program and release Give and Go Athletics, afterschool basketball program staff and Bache-Martin School from liability in any accident/emergency requiring medical attention.*

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

**[PLEASE INCLUDE THIS PAGE IN YOUR APPLICATION]**



## SCHOLARSHIP APPLICATION

Greetings! Thank you for your interest in Give and Go Athletics' Afterschool Basketball Program at Bache-Martin! It is part of our mission to be accessible to students from all financial backgrounds. Our ability to provide scholarships to students is a critical part of ensuring the success of the organization. Because we are a nonprofit organization, there may be funds available for low-income residents of Philadelphia from our sponsors and donors. We encourage you to ask for assistance if you need it.

**Directions:** Fill out this form, one for each student for whom you are applying. Sign and send in the form with your program application. You may be contacted for a follow-up phone interview.

\_\_\_\_\_  
Name of parent/guardian completing this form

\_\_\_\_\_  
Name of student

1. Please describe any special circumstances creating your financial need at this time:

**In order to receive financial assistance for the program, please consult the chart below to determine your eligible scholarship amount based on your annual household income:**

<b>Participant Registration Fees &amp; Scholarship Tiers</b>	
<b>Income Range</b>	<b>Registration Fee</b>
\$85,000 +	\$150
\$75,000-84,999	\$125
\$60,000 - \$74,999	\$100
\$50,000 - \$59,999	\$75
\$40,000 - \$49,999	\$50
\$30,000 - \$39,999	\$30
\$0 - \$29,999	\$10

2. Enter participant's household income to determine eligible scholarship amount \_\_\_\_\_

Give and Go Athletics will notify all applicants of their scholarship approval status via e-mail or phone as soon as possible.

*Please note that proof of annual household income may be requested to verify scholarship eligibility.*

I certify that all the information I have provided in this document is accurate and truthful to the best of my knowledge.

X \_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date