



Bache Martin After school Basketball Program

1st and 2nd Grade: [] Basketball (September 13th -November 15th 2018)

Thank you for your interest the after school 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 After-school Basketball Program runs from January to April 2018, 2 days a week after school on Monday and Thursday from 3:15 pm– 5:00 pm. Participating students will receive basketball instruction, form a team, play games, and at the end of the program, perform in a mini-tournament.

Only current Bache-Martin students in the 1st and 2nd 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 09/13/2018.

Application process is based on a first come first serve basis and child's slot will be confirmed after the final payment due 9/20/2018.

PROGRAM FEE AND FINANCIAL AID

The fee for the after school program is \$200 and payment is due September 20th after enrollment confirmation.

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 after school basketball program at the Bache-Martin School. The 1st and 2nd grade students will practice and play games at the school.

CONTACT INFORMATION

Contact Person: Andre Wright
Phone: 267.978.5946
Email: giveandgoathletics@gmail.com

Contact Person: Caleb Jones
Phone: 610.637.9703
Email: calebjones80@gmail.com

WHEN TO SHOW UP AND WHAT TO BRING

The program will be held Monday's and Thursday's from 3:15 pm -5:00 pm. Snack will be provided at 3:15 pm. 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

IMPORTANT INFORMATION

Applications due september 13th the first day of practice

Payment must be submitted by September 20th 2018. (*check/money order* no cash).

IMPORTANT DATES TO REMEMBER

September 09/13/2018 First day of practice last day for applications

September 09/20/2018 Last day for payments

November 11/05/2018 Championship and final games

November 11/08/2018 Parent teacher conference no practice or games

November 11/12/2018 Veterans day no school

November 11/15/2018 Awards ceremony final day

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.

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

1. 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.

2. 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 _____

3. 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: _____

4. 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?

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

Is your camper taking any medications to treat these conditions?

Health Insurance Information

Company _____ Policy # _____

5. 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 September 13, 2018.

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

6. 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' After school 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:

Participant Registration Fees & Scholarship Tiers	
Income Range	Registration Fee
\$60,000 +	\$200
\$50,000 - \$59,999	\$200
\$40,000 - \$49,999	\$175
\$30,000 - \$39,999	\$150
\$0 - \$29,999	\$100

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