

# STREETSQUASH

REACH HIGH. FOLLOW THROUGH.

Submitted to _____
<input type="checkbox"/> Registration Complete
Additional Materials
<input type="checkbox"/> Vaccination Card
<input type="checkbox"/> Medical Form
<input type="checkbox"/> CACFP Form
<input type="checkbox"/> Tshirt Payment (if applicable)

## Summer Quest 2022 - English Registration Form

Welcome to Summer Quest 2022! StreetSquash is committed to following all New York State and Department of Health regulations in order to provide a safe and fun environment.

Please fill out **one form per student** who will be participating. All current StreetSquash participants and siblings are eligible for Summer Quest, along with rising ninth graders to rising 11th graders and up from new families. All participants must be fully vaccinated against COVID-19 in order to enroll.

### Options for how to submit your forms:

- Fill out electronically and email to [summer@streetsquash.org](mailto:summer@streetsquash.org)
- Fill out electronically on a laptop at StreetSquash - email [summer@streetsquash.org](mailto:summer@streetsquash.org) to schedule
- Pick up or print a paper copy from the building, fill out by hand, drop off or return by mail
  - **S.L. Green StreetSquash Center Physical Address:** 41 West 115th Street, New York, NY 10026
  - **StreetSquash Mailing Address:** 40 West 116th Street, New York, NY 10026

### Dates and deadlines:

- Summer Quest sessions will run Monday-Friday from **Tuesday, July 5** through **Friday, August 12** from **12:00pm - 4:30pm** 4 days per week and **12:00pm - 5:00pm** 1 day per week (swim day).
- Registration form deadline: **Monday, June 20** (*Vaccination Card must accompany registration form*)
- Medical & CACFP Income Eligibility forms deadline: **Friday, June 24**
- All participants and caregivers will be required to attend an in person orientation regarding procedures and protocol and sign off on the finalized trip itinerary. You will be able to select your date on the last page of this registration form.

What weeks are your child available to participate in Summer Quest? Please check all that apply. If your plans change and you want to add more dates later, reach out to [summer@streetsquash.org](mailto:summer@streetsquash.org) and you will have the option to join additional sessions.

- \_\_\_ Week 1: July 5-8
- \_\_\_ Week 2: July 11-15
- \_\_\_ Week 3: July 18-22
- \_\_\_ Week 4: July 25-29
- \_\_\_ Week 5: August 1-5
- \_\_\_ Week 6: August 8-12

### If you plan to fill out these documents electronically, please sign here:

Electronic Signature Authorization: By applying my electronic signature to this agreement, I agree that my electronic signature is the legally binding equivalent of my handwritten signature on paper. I will not, at any future time, claim that my electronic signature is not legally binding or enforceable.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## STUDENT & CAREGIVER INFORMATION

### Student

Child First Name: \_\_\_\_\_ Child Last Name: \_\_\_\_\_

Birth Date (MM/DD/YYYY): \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child Cell #: \_\_\_\_\_ Child Email Address: \_\_\_\_\_

Name of School (for 2022-2023 School Year) \_\_\_\_\_

Grade entering next fall (for 2022-2023 School Year) \_\_\_\_\_

Child T-Shirt Size (adult sizes): S M L XL XXL

For new students: how did you find us? \_\_\_\_\_

Name of siblings also participating this summer \_\_\_\_\_

### Caregiver #1

Caregiver First Name: \_\_\_\_\_ Caregiver Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Phone Number: Home Phone, Work Phone, or Cell Phone: \_\_\_\_\_

Preferred Method of Contact: Call, Email, Text, Other: \_\_\_\_\_

### Caregiver #2 (if applicable) or Emergency Contact

Caregiver First Name: \_\_\_\_\_ Caregiver Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Phone Number: Home Phone, Work Phone, or Cell Phone: \_\_\_\_\_

Preferred Method of Contact: Call, Email, Text, Other: \_\_\_\_\_

## WAIVER INFORMATION

### LIABILITY WAIVER

StreetSquash, StreetSquash staff, and the participating squash facility shall not be liable for any claims, demands, damages or injuries to the student noted above (1) resulting from their participation in StreetSquash practices or (2) in connection with the student's use of the club, equipment, or premise where these practices take place. Student noted above and their caregiver shall save StreetSquash, StreetSquash officers, director, employees and agents and the participating club(s) harmless from and indemnify StreetSquash officers, directors, employees and agents and the participating club(s) against all injury, loss or damage of whatever nature (1) resulting from the student's participation in StreetSquash practices or (2) in connection with the student's use of the club, equipment, or premise where these practices take place.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ASSUMPTION OF RISK & WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. StreetSquash has put in place preventative measures to reduce the spread of COVID-19; however, the Program cannot guarantee that you or your student(s) will not become infected with COVID-19.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child's attendance at StreetSquash or participation in its programming ("Claims"). On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless StreetSquash, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of StreetSquash, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any StreetSquash program.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child and I may be exposed to or infected by COVID-19 by attending programs offered by StreetSquash and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARTICIPATION AGREEMENT AND TRANSPORTATION RELEASE FORM

StreetSquash will provide lunch between 12:00pm-1:00pm, and a snack for each day of camp.

The StreetSquash Summer Quest program will run from **Tuesday, July 5** through **Friday, August 12**. Program days are Monday-Friday. Students will need to arrive at the S.L. Green StreetSquash Center by **12:00pm** and be dismissed either at **4:30pm** or **5:00pm**. Students should arrive no earlier than 12:00pm and must depart StreetSquash facility no later than 4:30pm & 5:00pm on swim days. Swim days will be provided during the Family Orientation. Every caregiver is responsible for ensuring that their child arrives on time and their child is aware of their departure method.

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Please select your child's transportation method from the following options:

I, or another guardian, will pick up my child at the end of the camp day at StreetSquash.

I will allow my child to depart on their own (or with their siblings) from the StreetSquash facility. In doing so, I accept full responsibility for my child's welfare traveling to and from camp sessions, and I release StreetSquash and all of its employees, agents, and affiliates from any liability whatsoever. All students are encouraged to leave StreetSquash and cut through the African Market when leaving and arriving on their own.

If there are ever any changes made to your dismissal preferences (for example if you are picking your student(s) up that day or asking them to take the bus instead of the train), please contact StreetSquash at (212) 289-4838 and we will make sure all other staff are informed.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TRAVEL PERMISSION SLIP

- Field trips/offsite activities will take place at least once per week through the duration of Summer Quest, including weekly offsite swimming sessions at the **Dwight School located at 291 West Central Park West, New York, New York 10024.**
- Sneakers, appropriate, and comfortable gear are required for field trips.
- Students **MUST** wear their StreetSquash Summer Quest t-shirt for all offsite activities.
- All students will be carefully supervised by staff and volunteers.

I give permission for my child to attend all field trips and offsite activities. In doing so, I accept full responsibility for my child's welfare, and I release StreetSquash and all of its employees, agents, and affiliates from any liability whatsoever. I understand that in order for my child to participate in offsite activities, I must provide parental consent when I receive the final trip itinerary.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDIA RELEASE

I, \_\_\_\_\_ (**Caregiver Name**) hereby give the StreetSquash organization and all of its staff permission to take photographs/video of \_\_\_\_\_ (**Child's Name**) or photographs/video in which he/she may be involved with others for the purpose of promoting StreetSquash programs. I hereby release and discharge StreetSquash and all its affiliates and employees from any and all claims arising out of use of the photos/video, or any rights that my child or I may have. I am of full age, and am able to contract for the minor in the above regard. I have read the foregoing document and fully understand its contents.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## SUMMER QUEST CODE OF CONDUCT

1. Students must complete the Daily Symptom Checklist via Proxyclick upon their arrival to StreetSquash. More information will be provided during the Summer Quest Family Orientation.
2. Students or caregivers will report any potential COVID-19 exposures ASAP to [summer@streetsquash.org](mailto:summer@streetsquash.org), and will agree to follow all CDC and StreetSquash quarantine guidelines.
3. Students should make every effort to attend the weeks they are enrolled. If for some reason a student is unable to attend programming, please email [summer@streetsquash.org](mailto:summer@streetsquash.org).
4. Students must come to Summer Quest prepared to play squash (wear athletic clothing and socks daily). Students who are frequently unprepared may be asked to leave the program.
5. Students **MUST** wear their StreetSquash Summer Quest daily to StreetSquash and are required to do so for all offsite activities.
6. Students will go to the pool once per week. Make sure to bring a bathing suit (one-piece for girls), towel, flip flops, swim cap, and change of clothes.
7. Water bottles can be used during the program. Water is only the beverage allowed at StreetSquash at any time. This includes activities outside the StreetSquash Center.
8. Campers may bring light snacks to camp:
  - a. Must make sure they are nut free as we are working with other campers who may be allergic to nuts
  - b. Drinks that are sweetened with sugar or another caloric sweetener, including, but not limited to honey, high fructose corn syrup or sucrose, or contain caffeine are not permitted
  - c. Students will not be allowed to purchase food or drinks from vending machines or stores during Summer Quest camp hours
9. Students are encouraged to leave all valuables at home. StreetSquash will not assume responsibility for lost or stolen property.
10. Students should try their best in all activities. They should act appropriately at all times and show respect to their peers and staff. Any pattern of inappropriate behavior will result in dismissal from the StreetSquash Summer Quest Program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## MEDICAL INFORMATION FORM

Child First Name: \_\_\_\_\_ Child Last Name: \_\_\_\_\_

**Child's Insurance Carrier:\*** \_\_\_\_\_

Policy # \_\_\_\_\_ Group #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

***\*Medical insurance is required for all StreetSquash participants. If your child does not have medical insurance and you would like to be connected to resources, please email [summer@streetsquash.org](mailto:summer@streetsquash.org) so that our Social Work team may assist you.***

Allergies to Food or Medication: \_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

\_\_\_\_\_

Please list any medical problems your child has or any medications they take regularly:

\_\_\_\_\_

\_\_\_\_\_

StreetSquash is not able to administer medication to campers. If a child needs to take medication during programming, they must self-administer. Campers may self-administer if they know **a)** the purpose, **b)** the dosage, and **c)** time to be taken. (**Other option:** take medicine before or after camp.)

Does your child need to take medication while at the facility?

Yes, child will need to take medication while onsite

No, child will not need to take medication while onsite

Does your child require an EpiPen?      Yes      No

Do you give permission to StreetSquash staff to dispense over-the-counter pain relievers such as Advil or Tylenol when deemed appropriate and in the recommended dosage?      Yes      No

Do you give permission to StreetSquash staff to dispense over-the-counter allergy medicine such as Benadryl when deemed appropriate and in the recommended dosage?      Yes      No

In the event that my child is injured and/or becomes seriously ill while under the care of StreetSquash staff, I grant permission for my child to be seen by a doctor and/or taken to the hospital.      Yes      No

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## ADDITIONAL INFORMATION

### Summer Quest T-Shirts

StreetSquash T-shirts are required for each day of camp. Each child will receive 2 StreetSquash T-Shirts as part of their enrollment. **You can purchase additional T-Shirts at \$10 each.** If you would like to purchase T-Shirts, please submit total payment with your registration form. If you are unable to submit payment at the time of your registration form, please email [summer@streetsquash.org](mailto:summer@streetsquash.org).

I would like to purchase Tshirts for my child.      Yes      No

If yes, how many shirts will you be purchasing for the child on this registration form only? \_\_\_\_\_

Options for how to submit your payment:

- Cash (In person at S.L. Green StreetSquash Center: 41 West 115th Street, New York, NY 10026.)

### Family Orientation

All participants ***and*** caregivers will be required to attend an **in-person** orientation regarding procedures and protocol and sign off on the finalized trip itinerary at the **S.L. Green StreetSquash Center: 41 West 115th Street, New York, NY 10026.** Please indicate below which date you will attend. If you need to change your date after submitting this form, please email [summer@streetsquash.org](mailto:summer@streetsquash.org).

\_\_\_ Wednesday, June 29, 2022 at 6:00pm

\_\_\_ Thursday, June 30, 2022 at 6:00pm

## HAVE YOU SUBMITTED EVERYTHING??

**Please use the following checklist to ensure your Summer Quest Registration is complete. Students will only be able to begin when we have received a full registration form.**

- Complete Registration Form (7 pages)
- Copy of Vaccination Card
- Medical Form (*As required by the Department of Health, all students enrolled in Summer Quest 2022 are required to have had a physical between **June 2021 and June 2022**, and your doctor must complete the form on the following page. The form is due to StreetSquash by **Friday, 6/24/2022.***)
- CACFP Eligibility Form
- Tshirt Payment (*if applicable*)
- Family Orientation Indicated Above