

# STREETSQUASH

REACH HIGH. FOLLOW THROUGH.

Submitted to _____
<input type="checkbox"/> Complete
Additional Materials
<input type="checkbox"/> Medical Form
<input type="checkbox"/> 2023-2024 Latest Report Card
<input type="checkbox"/> IEP/504

## StreetSquash Afterschool 2023-2024 Registration Form (*English Version*)

Welcome to StreetSquash Afterschool 2023! StreetSquash is committed to following all New York City and State regulations in order to provide a safe and fun environment.

Please fill out one form per student who will be participating. In order to participate in our 2023-2024 school year afterschool program, a child must be 10 years of age or older.

### Options for how to submit your forms:

- Caregiver fill out electronically and email to [enrollment@streetsquash.org](mailto:enrollment@streetsquash.org)
- Pick up a paper copy from the building; drop off or return by mail
- Print a paper copy, fill it out by hand and drop it off or return it by mail
- Print a paper copy, fill it out by hand, and send scan or pictures to [enrollment@streetsquash.org](mailto:enrollment@streetsquash.org)

**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

**Street Squash Telephone number:** (212) 289-4838

### Dates and Deadlines:

- StreetSquash 2023-2024 Afterschool program will run from **Monday, September 18, 2023** through **June 7, 2024**. Students will attend 3-4 days per week.
- Registration and medical forms deadline: **September 13, 2023**
- StreetSquash's KickOff event will take place on Saturday, **September 16, 2023**. Returning and new students participating will be required to attend with their caregiver to receive updated information regarding programming, procedures, and protocol. All students and caregivers must attend the Kick Off.

**All forms must be completed and signed by the caregiver and student to be accepted.  
Missing information may result in a delay of your student's enrollment.**

### 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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## PARTICIPANT ELIGIBILITY

StreetSquash is committed to working with participants and families who may not otherwise have access to the services we provide. In an effort to ensure that StreetSquash's participant base is reflective of those who can most benefit from our programs, prospective participants **must** meet the criteria below.

### Family Income

Participants' families must be eligible for government assistance (ie. subsidized housing, SNAP, TANF, etc.) OR earn **equal to or less than** 100% of the Area Median Income, as outlined below.

Family Size (Total Number of People Living in Home)	Maximum Household Income
2	\$85,400
3	\$96,100
4	\$106,700
5	\$115,300
6	\$123,800
7	\$132,400
8	\$140,900

### Commitment

- Attendance is a priority. Participants are expected to attend StreetSquash 3-4 days per week.
- Interested participants will participate in a 4-6 week tryout period to demonstrate their interest in and commitment to the program. If they make the team, their spot is reserved through post secondary college and career.

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## Transportation

Participants must be able to arrive at and depart from the S.L. Green StreetSquash Center on their own or with a caregiver. Participants must arrive at StreetSquash ten minutes prior to their session start time depending on their assigned schedule.

I verify that I have read the above criteria for participation and that my family meets the requirements.

Caregiver Name (Printed): \_\_\_\_\_

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

## Does your child qualify for a free or reduced-price lunch?

- Yes
- No
- I don't know or prefer not to answer

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## STUDENT INFORMATION

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 attending for 2023-2024 School Year: \_\_\_\_\_

Grade entering this fall (2022-2023 school year) : \_\_\_\_\_

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

Shorts Size (adult sizes) : S  M  L  XL  XXL

Shoe Size: \_\_\_\_\_

**For new students: How did you find us? Check all that apply:**

- Family/Friend
- Other Referral
- Recruitment
- Partner School
- Summer Discovery
- Walk-In

Name of sibling(s) also participating this school year \_\_\_\_\_

Name(s) of other past/present family members at StreetSquash \_\_\_\_\_

## Participant Demographics

This information is used for informational purposes only and will only be reported as a group.

**Child's Ethnicity** (Check all that apply):

- |                                                       |                                                                    |
|-------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Black/African-American       | <input type="checkbox"/> Native American/Alaska Native             |
| <input type="checkbox"/> Hispanic/Latinx              | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian/Asian-American         | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Middle Eastern/North African | <input type="checkbox"/> Other _____                               |

**At home, do you primarily communicate in a language other than English?**

- Yes
- No

If yes, what language? \_\_\_\_\_

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## Caregiver Information

### Caregiver #1

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

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

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

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

Preferred Phone Number: Home Phone  Work Phone  Cell Phone

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

### Caregiver #2

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

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

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

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

Preferred Phone Number: Home Phone  Work Phone  Cell Phone

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

Caregiver #2 Address (If different from child):

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

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

### Emergency Contact

If neither caregiver can be reached, who should we contact in case of an emergency?

Contact First Name: \_\_\_\_\_ Contact Last Name: \_\_\_\_\_

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

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

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

Preferred Phone Number: Home Phone  Work Phone  Cell Phone

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

### 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. The 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 UNDER THE AGE OF 18 AT TIME OF REGISTRATION

This is to certify that I, as the caregiver, 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 their 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 am consenting on behalf of my spouse and child/ward and agree to their release provided above for all the releases and myself, my spouse, and child/ward. I also agree to indemnify and hold harmless the releases for any liabilities or 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: \_\_\_\_\_

## TRANSPORTATION RELEASE FORM

### Arrival Details:

The StreetSquash Afterschool program will run from Monday, September 18, 2023 through Friday, June 7, 2024. Students will attend 3-4 days per week between Monday and Saturday, depending on their assigned track. Students may arrive at the S.L. Green StreetSquash Center immediately after school between 3:00 pm and 3:30 pm for their scheduled program session. If a student is unable to arrive for programming by 3:30pm due to their school schedule, StreetSquash will allow flexibility. Every caregiver is responsible for ensuring that their child arrives on time for after school.

### Metro Card Policy for Middle and High School:

StreetSquash has a limited number of 2 fare MetroCards to give to students. MetroCards are not guaranteed to StreetSquash and therefore, not guaranteed to our students. MetroCards are available from Ms. Monique between 3:30 pm and 6:00 pm.

### Dismissal Details:

All students are encouraged to leave StreetSquash and cut through the African Market when leaving and arriving on their own.

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## TRANSPORTATION RELEASE FORM

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.

### Please indicate your WEEKDAY dismissal preference below

- I, or another guardian, will pick up my child at the end of their scheduled after-school session at StreetSquash.
- I will allow my child to depart on their own (or with their siblings) from the StreetSquash facility each day following their scheduled after-school session.

### Please indicate your WEEKEND dismissal preference below

- I, or another guardian, will meet my child at the SL Green StreetSquash Center following every Saturday practice.
- My child will walk home on their own following every Saturday practice.

No matter my transportation preference as indicated above, I accept full responsibility for my child's welfare after he/she has been released from the care of StreetSquash staff. I release StreetSquash and its employees, agents, and affiliates from any liability whatsoever, effective upon conclusion of the day's programs and the departure of the individual participant from the SL Green StreetSquash Center.

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

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## 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 the 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: \_\_\_\_\_

## HEALTH & WELLNESS PERMISSION

The Social Work staff will create a series of Health & Wellness workshops for 6th-12th grade StreetSquashers. These workshops will happen once a month, in addition to regular academic and squash sessions. Our Health & Wellness program is an important aspect of StreetSquash's curriculum, empowering students to learn about their bodies and make healthy choices. We do not encourage students to engage in sexual activity or other risky behavior, but if they choose to do so, we want to make sure they fully understand the choices they are making and how to protect themselves from unwanted consequences. Our activities are designed to be developmentally appropriate for most students. Topics include reproductive anatomy, personal hygiene, pregnancy, contraception, healthy relationships, and gender identity.

**Please check which workshops your child is approved to participate in.**

- 6-7th grade Decision-Making Workshop
- 6-12th grade Mental Health and Wellness Workshop
- 6-12th grade Sexual Health Education Workshop
- 8-12th grade Drug and Alcohol Education Workshop

If you have any questions or concerns, please reach out to Sasha Diamond-Lenow at [sasha@streetsquash.org](mailto:sasha@streetsquash.org) in advance of the workshop to discuss the content before consenting

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



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## STREETSQUASH AFTERSCHOOL 2023-2024 CODE OF CONDUCT

1. Students must complete the Daily Symptom Checklist on ProxyClick once they arrive at StreetSquash.
2. Students or caregivers will report any potential COVID-19 exposures ASAP to [enrollment@streetsquash.org](mailto:enrollment@streetsquash.org) and will agree to follow all CDC and StreetSquash quarantine guidelines. More information regarding updated travel and quarantine guidelines will be provided during orientation.
3. Masks can be worn voluntarily throughout the building.
4. Locker rooms will have limited access. To the best extent possible, students should arrive in athletic clothing ready to play squash. If students need to change, this must be done between 3:00 pm and 3:55 p.m. in the downstairs locker where only two students can enter at a time.
5. Bathroom use is limited to the number of stalls in a bathroom. Participants will be granted permission to use the bathroom by a StreetSquash staff member.
6. Students should make every effort to attend the days they are assigned for practice. If for some reason a student is unable to attend programming, please email [enrollment@streetsquash.org](mailto:enrollment@streetsquash.org) or call StreetSquash at (212) 289-4838.
7. Students are encouraged to leave all valuables at home. StreetSquash will not assume responsibility for lost or stolen property.
9. Students should try their best on the squash court and in all activities while showing respect to their peers, and staff. A pattern of continued bad behavior and disrespect will result in dismissal from the StreetSquash Afterschool Program.
10. At Street Squash we provide a healthy snack, that includes fruits, because of this we don't allow any outside food or sugary drinks of any kind. If students are found with outside food or sugary drinks they will be confiscated and thrown away. Students are encouraged to bring water.

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

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

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## COMMUNITY SERVICE PERMISSION

StreetSquash strives for students to participate in at least three (3) community service projects during the school year. This is a core part of StreetSquash programming and all students are required to attend all scheduled service events. These events may take place on weekends or during program time. Caregivers and students will be notified of upcoming events in advance via phone, email, and a flier home.

Community service events may take place at the SL Green StreetSquash Center or throughout the five (5) boroughs. StreetSquash will also continue to adhere to all local and state guidelines when traveling away from the facility with students. The safety and well-being of our participants are always a priority.

By signing below, you give permission for \_\_\_\_\_ (Child's Name) to attend all community service events with StreetSquash staff understanding that you will be provided with information about these events when they are scheduled and that this is a requirement of participation in StreetSquash programming.

In giving permission, I acknowledge that StreetSquash, StreetSquash staff, and the SL Green StreetSquash Center shall not be liable for any claims, demands, damages, or injuries to the student noted below resulting from their participation in this trip or transportation to/from the trip. The student noted here and their caregiver shall save StreetSquash, StreetSquash officers, director, employees, and agents harmless from and indemnify StreetSquash officers, directors, employees and agents, and the participating club(s) against all injury, loss, or damage of whatever nature resulting from the student's participation in StreetSquash.

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 check here so that our Social Work team may assist you.

Yes, I would like to be connected to resources

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 students. If a child needs to take medication during programming, they must self-administer. Participants may self-administer if they know a) the purpose, b) the dosage, and c) the time to be taken. (Other option: take medicine before or after camp.)

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

Yes, the child will need to take medication while onsite

No, the 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 medications 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

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## AUTHORIZATION FOR RELEASE OF INFORMATION / COORDINATION OF CARE FORM DETAILS

StreetSquash is committed to providing holistic and comprehensive care for our participants. StreetSquash seeks to be in touch with your child's school and other service providers who work with your child or your family (ex: teachers, doctors, lawyers, caseworkers, counselors or therapists, etc.). This "Authorization For Release Of Information / Coordination Of Care Form" allows us to communicate and coordinate with those service providers, in order that we can support your child's development. Please complete a form for each service provider you currently work with. If you are not working with any service providers you may leave this section blank.

I, \_\_\_\_\_, hereby authorize StreetSquash to disclose, release, or exchange  
(Parent/Guardian Name)

information regarding \_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) with the below parties:  
(Student Name) (DOB)

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Individual or Group) (Name of Agency of Organization)

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

I authorize the disclosure of the following types of information:

- Attendance Information
- Behavioral Information
- Mental Health Information
- Family History
- Academic Information
- Medical Information
- Safety Concerns
- All information

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

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## KickOff

All participants ***and*** caregivers will be required to attend an **in-person KickOff** regarding procedures and protocol at the **S.L. Green StreetSquash Center**: 41 West 115th Street, New York, NY 10026. Please indicate below that you will be attending

- Yes, I will be attending the September 16, 2023 StreetSquash KickOff with the student who is participating in the fall.
- No, I will not be attending the September 16, 2023 StreetSquash KickOff and understand that my student will not be able to attend fall programming until I schedule an appointment with the Program Director.

## 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 (14 pages)
- 2022-2023 Latest Report Card
- Medical Form (*As required by the Department of Health, all students enrolled in StreetSquash Afterschool are required to have had a physical between **September 2023 and June 2024**, and your doctor must complete the form on the following page. The form is due to StreetSquash at the time of registration*)
- StreetSquash KickOff