

SOUTH BRONX UNITED 2017-2018 SBU ACADEMY APPLICATION FORM



This is only an Application for the Academy program. There is limited space in the program so not everyone can be accepted. If you are not selected, we encourage you to register for the recreational program.

DATE: _____

If not selected for a Travel Team, do you wish to register for the Recreational Program? Yes / No

PLAYER INFORMATION

Player's Name: _____ Player Email: _____

Phone Number: _____ Facebook: _____

Date of Birth: (M) __ (D) __ (Y) ____ Gender: M F Age: ____

Home Address _____
(street) _____
(city) _____ (zip code) _____

Does the player have any health/medical issues that we should be made aware of (asthma, allergies, etc)?

SCHOOL INFORMATION

School Name/No.: _____

Grade Level During in 2017-18 School Year: PK K 1 2 3 4 5 6 7 8 9 10 11 12

Current Grade Average: _____ Number of School Absences last year: _____

(All youth are required to bring in their most recent report cards and transcripts once they begin participating)

CONTACT INFORMATION

Parent/Guardian Name _____ Email: _____

Home Phone (____) _____ Cell Phone (____) _____

Would you like to receive league news and updates via text message? Yes No

If yes, please provide name of cell phone service provider (ex.Verizon): _____

Parent/Guardian Name 2 _____ Email: _____

Home Phone (____) _____ Cell Phone (____) _____

EMERGENCY INFORMATION

Emergency Contact Name _____ Relationship to Player _____

Home Phone (____) _____ Cell Phone (____) _____

UNIFORM INFORMATION (Y=youth, A=adult)

Shirt Size: YS YM YL AS AM AL AXL Shorts Size: YS YM YL AS AM AL AXL

TRAVEL INFORMATION

Does your child have permission to go to/from SBU programming on their own? Yes No

If no, please list full names of all individuals who can pick up your child: _____

Parents with cars: Would you be willing to drive players to games when necessary? Yes No

DEMOGRAPHIC INFORMATION

Race/Ethnicity of Child: African-American American-Indian/Native Alaskan Asian
(check all that apply) Caucasian Hispanic/Latino Pacific Islander

1. Child country of birth: _____
2. Parent(s) country of birth: _____
3. Type of School Attending: Public Charter Parochial/Faith-based Private
4. Does your child receive free/reduced price lunch at school during the school year? Yes No
5. Primary Language Spoken at home: _____
6. Secondary Language Spoken at Home (if any): _____

ELIGIBILITY

Please be aware that priority is given to youth who live within our program area and demonstrate need (both financially and programmatically). Prior to acceptance an orientation will be held for the youth and parents/guardians to learn more about the program and assess eligibility. Proof of family income may be requested. As a preliminary step, please answer these questions:

Household size (you, your spouse, and dependent children): _____
Household yearly income: _____

PROGRAM FEE

If you/your child is selected for the program and your family meets the financial eligibility criteria, the annual contribution per participant is \$100 for one full year. This includes full uniform (jersey, shorts, socks), insurance, and all associated costs. Further financial assistance is available by request.

PARTICIPATION CONSENT FORM FOR TRAVEL SOCCER AND EDUCATIONAL PROGRAMS

I _____ (Parent/Guardian name) allow my child _____ (child's name) to participate in a South Bronx United Academy Program for the 2017-2018 program year.

(PLEASE INITIAL EACH)

- _____ I understand that if selected my child is required to participate in academic components of the program (mandatory at least twice a week), including after school tutoring and college prep in evenings for grades 10-12, and will do my best to ensure his/her attendance at such activities. Additionally, I give permission for South Bronx United to view my child's report cards and transcripts and to contact my child's school in reference to his/her academic and behavioral performance.
- _____ I understand that failure of my child to attend both academic and soccer programming may result in him/her being removed from the program prior to the end of our soccer year.
- _____ I know that participation in program activities may result in serious injuries and that protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless South Bronx United (SBU) and their respective organizers, sponsors, supervisors, participants and persons from any claim arising out of injury to my child while participating in SBU programs. In the event that my child needs medical treatment while participating, I authorize SBU staff and operators to take whatever action is necessary to care for my child and use their best judgment in arranging for my child's emergency medical treatment in addition to contacting me to the best of their ability. I certify that my child is fully covered by medical insurance and that I am fully responsible for all costs incurred due to medical or dental treatment as deemed necessary by South Bronx staff, supervisors, and/or agents.
- _____ I understand that my child may be videotaped or photographed while participating in SBU programming and I consent to the use of his/her image by SBU and their respective sponsors, partners, and agents. Images will only be used for instructional purposes, fundraising purposes, or to promote South Bronx United and their partners, sponsors, and agents.

Parent/Guardian Signature _____ **Date** _____