**Rucker Ambassador’s Basketball Workout Program**

**Part I: Applicant Information**

**Fees: $200.00 Monthly**

**For the purposes of this application, *applicant* refers to the person applying to receive services. Select one:**

* I am completing this application for **myself**
* I am a parent or guardian completing this application **for my child**
* I am a relative/non-relative, completing this application **on behalf of the applicant**

|  |  |  |
| --- | --- | --- |
| **Applicant’s First Name:** | **Applicant’s Last Name:** | **MI:** |
|  |  |  |

**Applicant’s Date of Birth (MM/DD/YEAR): \_\_\_\_\_ /\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Applicant’s Gender**  (Select One): | **Applicant’s Race** (Select all that Apply): | **Applicant’s Ethnicity** |
|  |  | (Select One): |
| ☐ Male | ☐ American Indian and Alaskan Native |  |
| ☐ Female | ☐ Asian | ☐ Hispanic or Latino(a) |
| ☐ Gender Nonconforming | ☐ Black or African- American | ☐ Not Hispanic or Latino(a) |
|  | ☐ Native Hawaiian and Other Pacific Islander |  |
|  | ☐ White or Caucasian |  |
|  | ☐ Other |  |
|  |  |  |
| **Applicant’s Primary Address** (*Number and Street*): | | **Apt. Number:** |
|  |  |  |
| **City**: |  | **Zip Code:** |
|  |  |  |

**Part II: Contact Information**

**Applicant’s Contact Information**

*For youth without contact information, skip to the next section to provide parent/guardian contact information*

**Write down phone numbers for the applicant and circle the preferred method of contact:**

**☐** Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **☐** Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Information**

*This section is required for Applicants under 18*

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Write down all phone numbers and circle the best number to call in case of an emergency:**

* Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **☐** Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **☐** Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Address**:   * Same as Participant | **City:** | **State:** | **Zip Code:** |

**Emergency Contact Information**

*At least one emergency contact must be identified*

|  |  |
| --- | --- |
| **Emergency Contact #1 Name:** | **Relationship to Participant:** |
|  |  |

**Write down all phone numbers and circle the best number to call in case of an emergency:**

**☐** Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **☐** Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**☐**Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **☐** Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ l

|  |  |  |  |
| --- | --- | --- | --- |
| **Address**  **☐** Same as Participant | **City:** | **State:** | **Zip Code:** |

**Applicant’s Education Status** (Select One):

☐ Full-Time Student\*\*\* ☐ Part-Time Student\*\*\* ☐ Not in School\*\*\*\*

\*\*\*If applicant is a *Part-Time Student* or *Full-Time Student***: Select applicant’s current grade**

(Select One)**:**

\*\*\*\*If applicant is *Not in School:* ***S*elect the last grade completed by the applicant** (Select One)**:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Middle School: | ☐ 6th | ☐ 7th | | ☐ 8th |  |
| High School: | ☐ 9th | ☐10th | ☐ 11th | ☐ 12th |  |

**Applicant’s Current Work Status** (Select One):

☐ Employed Full-Time ☐ Employed Part-Time

☐ Unemployed (Short-Term, 6 ☐ Unemployed (Long-term, more than 6 months)

months or less)

☐ Not applicable (applicant is under 14 years of age)

*Required for Full-Time Students*

☐ Public ☐ Charter ☐ Private ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **School Address:** | **City:** | **Zip Code:** |
|  |  |  |

**Consent Form**

As a participant in the Rucker Ambassadors Basketball Clinic, jointly offered by the Holcombe Rucker Community League and the NYC Parks and Recreation Department. I understand that I am receiving sportsmanship and recreational activity that directly benefit my family and me, free of charge.

I understand to evaluate the level of success of the program and for the future funding that our progress is being monitored, along with the other participants.

I understand that I will be observed and monitored throughout the season through photo and video activity during all basketball games for the sole purpose of media advertisement, score, and program reporting. All records, including my achievements and scores during the period of the Rucker Basketball Clinic from November 2018 through August 2019, will indicate my progress regarding sportsmanship, attendance teamwork and conduct.

I further understand that my information will be assigned a code number, and therefore will not be identifiable to a third party by my name or date of birth.

I understand that the confidentiality of my information will directly protected by the program leaders whose name is signed below.

I understand by signing this consent form, I allow the Rucker League to capture and release of all photos and videos including my tournament achievement during the 2018-2019 Rucker Community League Service Season. In addition, a Parent or Legal Guardian’s signature is required for all participants under 18 years old.

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Print Name)**

**Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature)**

**Alan White, President/CEO Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**