



1128 Commonwealth Ave, Suite B, Boston, MA 02134 | 617.869.1848 T | www.bostonplays.org

Application Instructions

- Complete the Boston P.L.A.Y.S. Application
- Read and sign the Boston P.L.A.Y.S. Participant Contract
- Submit all forms to Boston P.L.A.Y.S. through one of the following methods:
 - Scan/E-mail to info@Bostonplays.org
 - Mail or deliver in person to 1128 Commonwealth Ave. Suite B, Boston, MA 02134

Section I: General Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Neighborhood

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Allston/Brighton | <input type="checkbox"/> East Boston | <input type="checkbox"/> North End | <input type="checkbox"/> South End/Back Bay |
| <input type="checkbox"/> Charlestown | <input type="checkbox"/> Hyde Park | <input type="checkbox"/> Roxbury | <input type="checkbox"/> West Roxbury |
| <input type="checkbox"/> Chinatown/Downtown | <input type="checkbox"/> Jamaica Plain | <input type="checkbox"/> Roslindale | <input type="checkbox"/> Outside Boston: (List Below) |
| <input type="checkbox"/> Dorchester | <input type="checkbox"/> Mattapan | <input type="checkbox"/> South Boston | _____ |

Date of Birth (mm/dd/yyyy): _____ Age: _____ Gender: _____

Race:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian | <input type="checkbox"/> Hawaiian/Pacific Islander | <input type="checkbox"/> Other: (List Below) |
| <input type="checkbox"/> African American | <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic | _____ |

School Name: _____ Grade in Fall: _____

Type of School: Public Charter Parochial Private Other: _____

E-mail: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Phone: (_____) _____

Relationship to Child: _____ Alt. Phone: (_____) _____

E-mail(s): _____

(Boston P.L.A.Y.S. families receive updates via info@bostonplays.org, please add this email to your address book.)

Annual Household Income: \$0 - \$65,000 \$65,001- \$100,000 \$100,001+

Dependents household: _____

Section II: About You

Your Favorite:

Sport/Physical Activity: _____ Subject/Class: _____

Food: _____ Hobby: _____ Movie: _____

List three words that describe you:

I am involved in these activities (check all that apply):

- Basketball Baseball/Softball Football Golf Hockey Lacrosse/Field Hockey
- Rowing Soccer Skiing/Boarding Swimming Tennis Track & Field
- Volleyball Wrestling Other: _____

Allergies--Food/Medicine: _____

Asthma/Medications: _____

Other Concerns (Please be specific): _____

Section III: In Your Opinion

What are the most challenging issues facing youth athletes today? Why are these issues important?

Why do you want to be part of the Boston P.L.A.Y.S. program?

Describe yourself in 10 years.

How do you think Boston P.L.A.Y.S. will help you grow into the person you would like to be?

How did you find out about Boston P.L.A.Y.S.? _____

Please read the following statement carefully and sign at the bottom:

I hereby authorize my son/daughter to participate in Boston P.L.A.Y.S. In giving this authorization, I agree I will not bring suit against Boston P.L.A.Y.S. including any of its officers, employees, or the sponsoring agency for property damage or personal injury incurred by myself or my son's/daughter's participation in Boston P.L.A.Y.S. programs.

I authorize Boston P.L.A.Y.S. to take photos and video recordings of my son/daughter while he/she is a Boston P.L.A.Y.S. I also authorize Boston P.L.A.Y.S. to use and copyright photos and video recordings of my son/daughter in all manner and media, including printed and digital mediums. These uses include, but are not limited to, media stories, newsletters, brochures, videos, websites, social media sites (e.g. Facebook), and other advertising and promotional vehicles. I waive any right that I or the minor may have to inspect or approve such photos and recordings, including the finished product or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied. I hereby release Boston P.L.A.Y.S. and its designee from any claims that I, or my son/daughter, have.

This application is factual and complete to the best of my ability. All information collected in this form is confidential and will only be seen by specifically-designated adult staff. This information is essential for Boston P.L.A.Y.S. funding purposes and to assist in better serving your child. If you have any concerns about handling of this information, please speak to the appropriate Boston P.L.A.Y.S. Staff.

By signing this application, I (we)...

1. Understand that Boston P.L.A.Y.S. reserves the right to verify the accuracy of all information on this application.
2. Give permission for my daughter/son to enroll in the program and I hereby confirm that the information I have provided on this application is true and complete to the best of my knowledge.
3. Recognize that falsification of any part of this application will result in dismissal from the program.
4. Authorize Boston P.L.A.Y.S. to take and use photos, slides, and recordings of my daughter/son while he/she is a participant in the program.

Signature of Parent/Guardian: _____ Date: _____

Please Print Name: _____

Signature of Applicant: _____ Date: _____

Please Print Name: _____



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Boston P.L.A.Y.S. Participant Contract

REQUIREMENTS: Must be between the ages of 11 and 18 at the start of the program. Youth must commit to attending all sessions. Youth must provide their own transportation to and from the Boston P.L.A.Y.S. workshops.

HOURS: Boston P.L.A.Y.S. sessions take place on 10/15/16, 2/11/17, 5/13/17, and 8/12/17. There may be changes, so be sure to check email regularly for updates.

DRESS CODE: Youths should arrive at Boston P.L.A.Y.S. dressed comfortably and appropriately for the session.

ATTENDANCE: Attendance at Boston P.L.A.Y.S. sessions is mandatory. Each participant is allowed 1 excused absence. Dates of absences must be communicated as far in advance as possible. More than 2 absences are grounds for dismissal from the program. Any absence without notice is grounds for dismissal as well.

COMMUNICATION: All participants or their families must have an email address that they check regularly as status updates will be sent via email.

TECHNOLOGY: The use of cell phones, ipods, or other electronic devices during Boston P.L.A.Y.S. sessions is prohibited, unless otherwise specified by the Boston P.L.A.Y.S. staff. Devices will be confiscated if they are being used during Boston P.L.A.Y.S.

CONDUCT: Boston P.L.A.Y.S. is a safe space that values diversity and self-expression. Boston P.L.A.Y.S. participants are expected to honor this philosophy. Name calling, bullying, violence or the threat of violence, and the use of slurs will not be tolerated and is grounds for dismissal from the program. Please come to Boston P.L.A.Y.S. with an open mind and treat others the way you'd like to be treated.

I have read and agree to the rules as stated above.

Youth Signature: _____

Date: _____

Print Name: _____

Parent/ Guardian Signature: _____

Date: _____

Print Name: _____