



**Rising Stars Sports & Leadership Program Summer 2019 Youth Application**

Youth Information				
Last Name:	First Name:		Gender:	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth:	Age of child in July:	Cell Phone:	Email:	
Address:		City:	State:	Zip:
Youth Education				
School in Fall 2019:		School Grade in Fall 2019:		
Sports Played:				
Youth Interests:				
Family Information				
Child lives with				
<input type="radio"/> Both Parent	<input type="radio"/> Mother Only	<input type="radio"/> Father Only	<input type="radio"/> Other Guardian _____ explain relationship	
Parent 1 or Guardian		Parent 2 or Guardian		Additional Emergency Contact
Relationship:		Relationship:		Relationship:
First Name:		First name:		First Name:
Last Name:		Last Name:		Last Name:
Cell phone:		Cell Phone:		Cell Phone:
Work phone:		Work Phone:		Work Phone:
Email:		Email:		Email:
Address (if different than Youth)		Address (if different than Youth)		<b>Primary Communication to:</b>
				<input type="radio"/> Parent 1
				<input type="radio"/> Parent 2
				<b>Medical information</b>
Guardian's Agreement			Primary Care Doctor:	
1. I/We certify that the information on this application is true and accurate. 2. I/We authorize the use of still or video photos and audio recording. 3. The Director reserves the right to dismiss a youth whose physical condition, mental condition, behavior, personal conduct or influence on other youth is deemed detrimental to the program. 4. I give permission for my child to participate in activities outside the program's grounds as planned by the Director. 5. I/We accept full responsibility for any and all cost of medical attention received by my child. 6. My submission does guarantee a spot. The \$25 application fee will be refunded if my child is not accepted into the program.			Phone:	
			Does your Child have any allergies or any medical conditions? <input type="radio"/> No <input type="radio"/> Yes,	
			Please explain below:	
Signature:			Date:	

Please send form and \$25 Application Fee per a child to :  
 Cambodian Mutual Assistance Association, 465 School St. Lowell, MA 01851  
 For more information - Chinsan Lim @ Tel: 978-677-4394 Email: chinsan@cmaalowell.org  
 (Fee waivers available for families that qualify)