

Super Student Athletes Inc., The LIFE Center
222 Eiler Avenue, Louisville, KY 40214
APPLICATION

First Name: _____ **Last Name:** _____

Grade: _____ **Age:** _____ **Email:** _____

Contact Number: _____

School: _____

Free or Reduced Lunch (Check One): Yes ___ or No ___

Parent/Legal Guardian Information

Name: _____ **Relationship:** _____

Address (same as Youth): _____

Contact Number: _____ / _____

Email: _____

Name and Phone Numbers of person(s) that may pick up Youth from The LIFE Center:

1. **First and Last Name:** _____ **Phone:** _____
2. **First and Last Name:** _____ **Phone:** _____
3. **First and Last Name:** _____ **Phone:** _____

*Also Emergency Numbers and Contacts

Participants History (Check all that Apply)

_____ GPA	_____ Decease Parent	_____ Held back a grade
_____ Conduct in School	_____ Truancy	_____ ADHD
_____ Special Needs	_____ Alcohol/Tobacco Use	_____ ACT/SAT prep.
_____ Child of a Felon	_____ Foster Child	_____ # of Suspensions

Educational/Medical/and Permission
(Release)

The Undersigned agrees to give authorization and consent to adult persons for the purpose of medical and dental treatment of named minor in the event of injury while in the care of **The LIFE Center**:

THE UNDERSIGNED, _____
(parent, legal guardian, or participant if over 18)

Please check if child/student has the following and give details:

Heart Trouble () Epilepsy () Asthma () Diabetes () Allergies () Other ()

Date of Last Tetanus Shot: _____

Please Note: The request for the parent or guardian's/ student's Social Security number is only for emergency purposes and is truly **optional**. The Social Security number will be used to verify their signature by Hospitals or other emergency organization when an emergency has occurred that involves their child.

My child **The Co- Applicant** has permission to go with **SSA, The LIFE Center**, on approved field trips

Parents will be notified of planned trips

I HEREBY RELEASE, forever discharge, and agree to hold harmless **STAFF** and group activities personnel from any and all liability claims or demands for injury, sickness, or death, as well as property damage and expenses, or nature whatsoever which may be incurred by the undersigned and the above-named child that occur during any activities.

FURTHERMORE, I hereby assume all the risk of injury, sickness, death, damage and expenses as a result of participation in these activities.

I, the Co-Applicant, parent or legal guardian of the above mentioned child, further agree to hold harmless and indemnify **Super Student Athletes**, its STAFF, Community Partners or Volunteers, for any liability sustained by **Super Student Athletes** as a result of the negligent, willful or intentional acts of the below named, child, including expenses incurred attendant thereto.

I HEREBY CONSENT to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, or the advice of any physician or surgeon licensed to practice in the state of treatment when the need for such treatment is needed and when efforts to contact me are unsuccessful.

Signature of Parent Guardian: _____

Academic Assessment / Test Score Request (Grades 6-12)

I, the Co-Applicant, give permission to **SSA, The LIFE Center** to request grades, GPA, and/or ACT/SAT scores, from JCPS, for my child:

Student's Name: _____

School's Name: _____

Student identification #: _____

Super Student Athletes Inc. – PARENT PARTNERSHIP AGREEMENT

Parental involvement is a very important aspect of this program. Involvement is not an option of parents, but a REQUIREMENT to participate in the development of your child’s growth. Our program provides a team approach in this team approach, parents reinforce (+) behavior at home, school, and community. Parents will also be responsible for assisting program staff and volunteers in evaluating your child’s progress. This agreement identifies the responsibilities of **PARENTS, Guardians, and Custodial Caregivers:**

The responsibilities of the Parents and/or Guardians of Program Participants:

- Sign a Parent Participation and Partnership Agreement
- Participate in at least (4) hours per month family support/parenting sessions.
- Participate in a family social activity quarterly
- Encourage consistency in your child’s participation and in attendance School/Program
- Provide required documents as needed to Program-Progress
- Assist your child at home with homework and emphasize the importance of being a College Graduate (Study Skills Provided)

The responsibilities of SSA/The LIFE Center partnership/volunteers

- Provide a safe learning environment for your child
- Provide trained, nurturing, and quality staff/volunteers for your child
- Provide educational curriculum to enhance your child’s knowledge base
- Effectively evaluate and report child’s progress to you on a continuous basis
- Coordinate and provide quality activities, curriculum and support services for your child
- Collaborate with JCPS to assist in the academic success of your child



Sign by:

Executive Director

DATE

Parent or Guardian

DATE

Please call the S.S.A. if you have any questions or concerns at (502) 353-0010

SUPPORTING DOCUMENTS

Include the following documentation with your application.

_____ *Medical Insurance Card*

_____ *Copy of Parent/Guardians ID*

_____ *Immunization Certificate*

_____ *Physical Examination from the last 90 days*

_____ *Proof of Disability (if applicable)*