

"Education is the most powerful weapon which you can use to change the world."

~Nelson Mandela

Carlina Santos-Barton, Principal
Vanessa Ramos, Assistant Principal I.A.
Lennys Patino, Parent Coordinator



232 East 103rd Street NY, NY 10029
Office: (212)-860-5882 Fax: (212)-860-6093
www.ps38rclc.org

Staff Use Only		
Initials:	Date:	#:

Hello Parents/Guardians:

My name is Isidro Fortuna and I am the Community School Director at P.S.38. We have partnered up with Breakaway Hoops, CHAMPS and Partnership with Children to deliver our first **Sports Enrichment After School Program** beginning **Monday, October 29th, 2018**. Please look over the application components and if you have any questions please feel free to contact me. My contact information is below.

CHAMPS Sports and Fitness Program

Students participate in a fun, safe, and supervised sports and fitness activities in an after-school setting. The name stands for Cooperative, Healthy, Active, Motivated and Positive Students. Students have the opportunity to stay active and learn new sports and fitness activities that they can continue beyond their school years. They will work on building team collaboration with others and remain physically active. Physical activity is important for fitness and strength, healthy weight, and lifelong health.

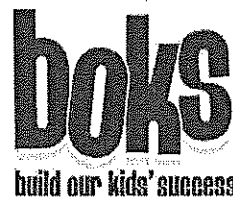
Breakaway Hoops

Breakaway Hoops is a basketball company founded by Wilky Colin, a former College Division I basketball player and international basketball competitor. He envisioned a company where children would be able to gain friendship, learn life skills, and live a healthy lifestyle through the game of basketball. The program will offer Fundamental basketball instruction for participants of all levels, fitness training through basketball to assist participants in leading a healthy and active lifestyle. They will also learn how to compete in instructional games as well as building character and team work.

Sincerely,

Isidro Fortuna (Izzy), MSW
Community School Director
Partnership with Children
PS 38: Roberto Clemente Learning Complex
Tel:646-531-0086
ifortuna@partnershipwithchildren.org

General Overview of Enrichment Program



Partnership
with Children

P.S. 38: Sports and Fitness After School Schedule					
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2:45 – 3:45	Break Away Hoops: <i>Basketball</i>	Break Away Hoops: <i>Basketball</i>	CHAMPS Sports	CHAMPS Sports	
3:45 – 4:45	Break Away Hoops: <i>Basketball</i>	Break Away Hoops: <i>Basketball</i>	Break Away Hoops: <i>Basketball</i>	Break Away Hoops: <i>Basketball</i>	
4:45 – 5:00	PICK UP	PICK UP	PICK UP	PICK UP	NO AFTERSCHOOL

*****No After School Program on the dates BELOW*****

OCT.	NOV.	DEC.	JAN.	FEB.	MARCH	APRIL	MAY	JUNE
10/31	11/6	12/21 – 12/31	1/1 – 1/4	2/5		4/18	5/27	6/4
	11/12		1/21	2/15		4/19 – 4/26		6/6
	11/15			2/18 – 2/22				6/11
	11/22							
	11/23							

Check List (Please check off completed)

- Sign Reebok Program Registration Form, pg 1
- Sign Reebok Program Registration Form, pg 2
- Sign P.S.38 Sports & Fitness Enrollment Form
- Sign Participation Release Form
- Sign Health Information Form
- Sign Consent to Photo, Film & Video (PWC) Form
- Sign Student Data and Evaluation Consent Form
- Sign Breakaway Hoops Waiver Release
- Sign After School Program policy

P.S. 38: Sports Enrichment After School Program
Student Enrollment Form
 School Year 2018 - 2019

STUDENT INFORMATION

Student Name (Last, First):		School: P.S. 38	
Student OSIS (I.D Number):		Gender: Male Female	
Check off Grade Grade: 2 nd 3 rd 4 th 5 th		Date of Birth (MM/DD/YYYY) Month: _____ Day: _____ Year: _____	
Mailing Address:			
City:		State:	Zip Code:
Cell Phone:		Email:	
Circle Option Below Racial/Ethnic Group (Optional): 1. American Indian/Alaska Native 2. Black or African American 3. Hispanic or Latino 4. Asian 5. White 6. Pacific Islander 7. Other _____			
Language(s) Spoken at home: _____			

PARENT/GUARDIAN INFORMATION

Name of Primary Parent/Guardian 1:			
Guardian Title (please circle one): Mother Father Grandmother Grandfather Other: _____			
Language(s) Spoken:			
Address:			
Home Phone:		Work Phone:	
Cell Phone:		E-Mail:	
Name of Primary Parent/Guardian 2:			
Guardian Title (please circle one): Mother Father Grandmother Grandfather Other: _____			
Language(s) Spoken:			
Address:			
Home Phone:		Work Phone:	
Cell Phone:		Email:	

Student Name:	APPLICATION DUE 11/1/18
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**P.S. Sports Enrichment After School Program
Student Participation Release Form**

I give my child, _____, permission to enroll and participate in the PS 38 Sports Enrichment After School Program with PWC at _____.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

Release of Child at Dismissal

I give my child permission to walk home alone at dismissal: Yes _____ No _____

If no, my child will be picked up after-school by me or one of the following individuals:

Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:

My child **MAY NOT** be picked up by the following individuals:

Name 1:	Relationship to Student:
Name 2:	Relationship to Student:
Name 3:	Relationship to Student:

If I am not available during emergencies, my child may be released to one of the following individuals:

Name 1:	Relationship to Student:
Home Phone:	Cell Phone:
Name 2:	Relationship to Student:
Home Phone:	Cell Phone:

Student Name: _____	APPLICATION DUE 11/1/18
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Health Information

*** To be completed by the parent/guardian. This confidential health information will only be used to ensure the safety of the children in this program.**

Please provide your child's medical history:

Allergies to food: Yes _____ No _____ Specify _____

Behavioral/Emotional: Yes _____ No _____ Specify _____

Physical Disabilities: Yes _____ No _____ Specify _____

Corrective Device: Yes _____ No _____ Specify _____

Asthma: Yes _____ No _____ Does your child use an inhaler: Yes _____ No _____

Allergies to penicillin: Yes _____ No _____ Allergy to plants: Yes _____ No _____

Allergy to insect stings: Yes _____ No _____ Hay Fever: Yes _____ No _____

Convulsions/Seizures: Yes _____ No _____ Diabetes: Yes _____ No _____

Other: _____

Does your child have special health care needs that require treatment or medication? Yes _____ No _____

Please explain: _____

Does your child take medication for any condition or illness? Yes _____ No _____

Please explain: _____

Are there any activities your child cannot participate in: Yes _____ No _____

Please explain: _____

If my child requires emergency medical care and I cannot be reached, I give my consent to the P.S. 38 program to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Student Name:	APPLICATION DUE 11/1/18
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**Consent to Photograph, Film, or Videotape a Student for Non-Profit Use
(E.G., Educational, Public Service or Health Awareness Purposes)**

Student Name: _____ School: _____ P.S. 38 _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the Student named above by the New York City Department of Education. I also grant to the New York City Department of Education the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Parent/Guardian Name (Print) Parent/Guardian Signature Date

Address of Parent/Guardian: _____

Student Name: _____

APPLICATION DUE 11/1/18

Student Data and Evaluation Consent Form

Your child, _____, is enrolled in the program funded by Partnership with Children and CHAMPS. In order to monitor the effectiveness of the program and ensure its future success, an independent evaluator is conducting an ongoing evaluation. It the intentions of the evaluation to learn how these services help students, and how they can be improved in order to meet the grant requirements.

Specifically, we ask permission to:

- Obtain demographic data including: racial/ethnic group, gender, grade level, English proficiency, free or reduced-price lunch eligibility, and special needs from the New York City Department of Education for students in the after-school program
- Contact your child's school to obtain records showing his or her progress, including information about enrollment, grades, citywide and statewide test scores, and PWC program attendance.
- Survey and/or interview you and your child about the PWC program and its effects.
- Talk to teachers and staff about your child's progress and participation in the PWC program, and review program records on participation in the program.

Individual student data we collect will only be used to assess the program and will not be made public. Participating in the evaluation will not affect your child in school, in the after-school program, or in any other way. We will not use your name or your child's name in any report. At the end of the evaluation, we will destroy all records that include personal information. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences.

Please select one of the options below and return this form to the program coordinator/director.

____ YES, I GIVE PERMISSION FOR MY CHILD TO PARTICPATE. I have read the above information and I give permission for my child to participate in the evaluation of the Sports Enrichment After School Program. I also consent for the evaluator and the New York City Department of Education to obtain my child's records, interview program and school staff, and interview me and my child for evaluation purposes.

____ NO, I DO NOT WANT MY CHILD TO PARTICPATE. I have read the above information and I DO NOT give permission for my child to participate in the evaluation of the Sports Enrichment After School program.

If at any time you change your mind about this decision, you may contact the site coordinator and/or evaluator directly at:

Student Name: _____

Student OSIS #: _____

School: _____

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Student Name:	APPLICATION DUE 11/1/18
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AFTER SCHOOL PROGRAM POLICIES

ADMISSION

Each student must be enrolled in the after-school program by a parent or legal guardian approval. There is **NO FEE** applied for this program. **If your child is part of another after school program within PS 38 your child may not apply for this program. This program is specifically for students who do not have another after school opportunity.**

ATTENDANCE

Daily attendance will be taken during the classes and activities. All students are to attend all programs regularly and promptly for which they are scheduled. If a student misses a class, parent will be informed immediately. If it is necessary for a student to be absent from the after-school program for any reason, the parent or legal guardian should call Isidro Fortuna, Community School Director at **646-531-0086**. If the school office has not received a phone call, students must bring a written statement from parents or guardian to the PWC office in room 125 upon returning to school

DISCIPLINE POLICY

The purpose of discipline policy is to facilitate a positive after-school climate where each student feels safe and secure; where faculty and staff agree on general principles of discipline within a framework of progressive discipline; where parents are kept informed of their child's behavior and are encouraged to support the school's decisions; and where all students are provided with opportunities to grow in personal and social development and, if they are involved in a discipline concern, are given due process. Rules and regulations outlined in P.S. 38's Parent Handbook will be applied to the After-School Program and all students enrolled in the After-School Program are expected to obey them. If a student fails to do so for the first time, the parent will be informed, and the student will get a warning. If the office receives another discipline referral from the same student, then a parent conference will be held to discuss an intervention plan. If the third discipline action occurs, student will be suspended from programming for a week. If a fourth discipline action occurs, student will be expelled from the Sports Enrichment After-School Program and he or she may not enroll for the existing academic year

PICK UP POLICY

Your child will be supervised inside until 5:00 PM. If parents/guardians are late three (3) or more times to pick-up, child will be suspended from after school program for a week. After three (3) times, the school reserves the right to suspend child from after school programming for the remainder of the school year. For more information, please contact Isidro Fortuna, Community School Director at 646-531-0086.

Student Name: _____

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date



Have you read and agreed to our Waiver Release?

Waiver: In consideration of being allowed to participate in any way, and at any time in a sporting event sponsored by Breakaway Hoops, LLC. The undersigned: 1.Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own action, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. 2.Agree that prior to participating, they will inspect the facilities and equipment to be used, and if they believe anything is unsafe, will immediately advise their coach, supervisor or referee of such condition(s) and refuse to participate. 3.Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. 4.Understand that Breakaway Hoops, LLC nor hosting facilities shall not be responsible or liable to any participants or their guest for lost or stolen articles. 5.Understand that any and all photographs, motion pictures, recordings, and/or likenesses of the undersigned captured during any and all events by Breakaway Hoops, LLC its affiliated entities or contractors, and/or the media become the sole property of Breakaway Hoops, LLC. I grant the right, permission and authority to Breakaway Hoops, LLC to use my name and any such photographs, motion pictures, recordings, and/or likenesses for any legitimate purpose, including but not limited to promoting, advertising, and marketing activities. I further understand that Breakaway Hoops, LLC as sole owner, has the full right to sell and/or profit from the commercial use of such photographs, motion pictures, recordings, and/or likenesses. 6.Release, waive, discharge and covenant not to sue the Breakaway Hoops, LLC their directors, commissioners, referees, employees, agents, facilities and sponsors from any and all liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of Breakaway Hoops, LLC or its related "releasees" enumerated above or otherwise.

Child's Full Name: _____

Guardian's Full Name: _____

Guardian's Signature: _____

Date: _____



www.boks.org

The Reebok Foundation BOKS Program
Student Participation Form: 20 __, _____ Season

Table with 2 columns: Student's Name (print):, Gender:, Age: and Teacher:, School:, Grade:

I, the parent/guardian of the student named above, hereby give my permission for my child to participate in the BOKS (Build Our Kids' Success) morning fitness program, and participate in all of the program's activities, as directed by the school/coach.

I understand that my child is responsible for her/his behavior at all time, and agree not to hold the school or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the program.

I certify that my child has been seen by a medical doctor within the last year and was found able to participate in all sports and physical activities. I agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.

I agree that in the event of injury or illness, the DOE staff member in charge of the team/event may act on my behalf and at my expense in obtaining medical treatment for my child. I understand that every effort will be made to contact me prior to treatment.

BOKS PROGRAM INFORMATION

Form with fields: Site(s)/Activity Location(s):, Name of Teacher-Coach in charge:, Teacher-Coach Contact & any other information:, Start Date:, End Date:

Liability Release

Please read carefully before signing. By signing this Agreement you are waiving certain rights and accepting certain responsibilities.

I, being the parent/guardian/legal representative, of the above-named minor (hereinafter "Participant"), do hereby consent to participation in the Reebok BOKS - Build Our Kids' Success Program (hereinafter the "Program"). I understand that sports, general physical exercise, and related activities, including those which are a part of the Program, (collectively "Recreational Sports") involve inherent risks of INJURY and DEATH. I voluntarily agree to expressly assume all risks of injury or death to Participant that may result from his/her participation in Recreational Sports or which relates in any way to the use of any equipment that may be provided for participation in Recreational Sports.

In consideration of the above-named minor Participant being permitted to so participate, I, on behalf of myself, my heirs, my agents, my representatives, any other parent, guardian, or legal representative, (hereinafter "Participant's Parents") hereby agree to release, acquit, discharge, and covenant to hold harmless (1) Reebok International Ltd. and each of its parent companies, directors, officers, employees, agents, subsidiaries and affiliates (collectively "Reebok"),



www.boks.org

The Reebok Foundation BOKS Program
Student Participation Form: 20__, ____ Season

(collectively "Sponsors") from and against any and all claims, causes of action, suits, costs, damages and liability for any and all losses, which shall include, but shall not be limited to, bodily injury, death, property loss, or property damage, whether known or unknown, and whether held by me or the Participant now or upon reaching the age of majority, arising out of, in connection with, or relating in any way to the Participant's participation in Recreational Sports during the Program and the use of any facility at the Programs, including, but not limited to, school grounds, playground, basketball courts, hotels, exercise facilities or locker rooms, or any and all property of the City of New York. This release includes, but is not limited to, claims based upon negligence by Sponsors and any and all of their current and former officers, employees, boards, commissions, committees, agents, representatives, designees, successors, and assigns, and any other person or cause.

The Sponsors, nor any of their current and former officers, employees, boards, committees, commissions, agents, representatives, designees, successors, and assigns shall incur any personal obligation or incur any personal liability as a result of the Participant's participation in Recreational Sports at the Programs and the use of any facility during a Program, including, but not limited to, school grounds, playground, basketball courts, hotels, exercise facilities or locker rooms, or any and all property of the City of New York or its Schools.

CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR A NON-PROFIT PURPOSE (E.G., EDUCATIONAL, PUBLIC SERVICE OR HEALTH AWARENESS PURPOSES): PLEASE CHECK ONE

I HEREBY CONSENT to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of my son/daughter by the New York City Department of Education (DOE) and the Reebok Foundation (BOKS). The photograph(s), videotapes(s) and video recording(s) will depict images of the student's participating in the program and related events will be used exclusively for educational purposes.

I also grant to the DOE and BOKS the right to edit, use and reuse said photograph(s), videotape(s) and video recording(s) for educational or health awareness purposes in any media sponsored by these agencies including the use of any printed matter, or internet distribution in conjunction therewith. I also hereby release the City of New York, DOE, and the Reebok Foundation, and their agents and employees from all claims, demands, liabilities whatsoever in connection with the above photograph(s), video tape(s), and video recording(s). I agree that all photograph(s), video tape(s) and video recording(s) will remain the property of the DOE and BOKS. I understand that my child will receive no compensation for his/her appearance in picture(s), video tape(s) or video recording(s).

I also understand that the media may be present at various BOKS events and my child may be photographed or videotaped by the media.

I DO NOT CONSENT to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of my son/daughter by the New York City Department of Education (DOE), and the Reebok Foundation (BOKS).

In an emergency, please contact me at:

Work: _____
Name of Parent/Guardian (PRINT)

Home: _____
Parent Signature

Cell: _____
Date Signed

CHAMPS Sports and Fitness Program
Student-Athlete Participation Form: 201__ _____ Season

Adapted from materials developed by the Centers for Disease Control and Prevention (CDC)
Concussion In Youth Sports: A fact Sheet for Parents

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 -However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY.**
 A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
- 2. KEEP YOUR CHILD OUT OF PLAY.**
 Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.**
 Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.

For more information, visit: <http://www.cdc.gov/concussion>