

2018 REGISTRATION PACKET

Annapolis Arts, Sports, and Leadership Academy (AASaLA)

A structured enrichment and leadership program that engages students in the arts, academics, and sports to teach leadership skills, assist them with maintaining their academic standing during the summer, and prepare them for the upcoming school year. Students are selected to participate for 8 weeks during the summer, starting **June 16th** and ending **August 4th**.

Registration Deadline Extended To May 31st

To register you must complete all forms in the Registration Packet and e-mail to **aayouthleadershipacademy@gmail.com**, fax to **(443) 458-5230** or text **(301) 254-8870** for drop off location. The fee for AASaLA is **\$30.00** per child or **\$275.00** per team. Payment (**Money Orders Only**) should be sent to Men Aiming Higher, Inc., 1840 Margaret Avenue, Suite C, Annapolis, MD 21401, Attention AASaLA.

- IMPORTANT:**
1. By submitting this Registration Packet electronically, your name as typed on the Forms is your signature.
 2. When submitting the form electronically change the document name to AASaLA - 2018 Registration Packet (Child's Last Name, Child's First Name). For Example: AASaLA - 2018 Registration Packet (Brown, John)

Basketball Age Groups:

- 17 Under**
- 15 Under**
- 13 Under**

Program Location: Roger "Pip" Moyer Recreation Center
273 Hilltop Lane, Annapolis, MD 21401

Days and Time: Thursdays, 6:00 p.m. – 9:00 p.m.
Saturdays, 8:30 a.m. – 11:30 a.m.

Program Starts: **Saturday, June 16, 2018 at 8:30 a.m.**

Program Benefits

Televised Games (Local Cable/Internet) – League Shirt – Certified Referees
Trophies/Awards – Refreshments – 16 Leadership Sessions
Reading & Financial Literacy – Parent University

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STUDENT INFORMATION (PRINT CLEARLY)

First Name:	Last Name:
Address:	
Email Address:	
Home Number:	Cell Number:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
School Attending:	Grade Level:
Twitter Handle:	
Instagram Handle:	
Primary Household Language (Select One): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
T-Shirt Size (Check One): <input type="checkbox"/> Youth <input type="checkbox"/> Adult (Check One): <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> XXX-Large	
Weight:	Height:
Basketball Experience (If Applicable) Years Played : Position(s) Played:	
Team Name:	Coach Name:

EMERGENCY CONTACT INFORMATION

First Name:	Last Name:
Relationship (Check One): <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	
Phone Number(s):	
Email Address:	
I agree that by submitting this Registration Form electronically, my name as typed below is my signature.	
Signature:	Date:

TO BE COMPLETED BY LEAGUE MANAGER (If Applicable)

Coach Name:	Team Name:
Phone Number:	E-Mail Address:

FOR AASALA USE ONLY

Date Application Received: _____	Received By: _____
Date Payment Received: _____	Received By: _____

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MEDICAL INFORMATION WAIVER AND RELEASE OF LIABILITY

To the Parent/Guardian:

The health of the student is the responsibility of his/her parents or guardians. Men Aiming Higher, Inc. ("MAH") strongly recommends annual health examinations, dental checkups, and immunizations against preventable diseases. It is the right of MAH to be assured, as far as possible, that the participants are physically able to take part in the Leadership Academy activities.

Child and Parent/Guardian Information	Family Physician Information
Child's Name: _____	Physician's Name: _____
Child's Date of Birth: _____	_____
Parent/Guardian's Full Name: _____ _____	Physician's Phone Number(s): _____ _____
Emergency Contact Number(s): _____ _____ _____	Insurance Information: _____ _____

Allergies, Illnesses, Medications, Injuries, Special Needs, etc.

Please list any allergies, illnesses, medications, injuries, special needs, etc. that MAH should be aware of to make the child's experience a positive one.

I/We agree that in the event my/our child is involved in an incident that requires medical attention, the Parent(s)/Guardian(s) will be responsible for making all decisions related to all medical and survival procedures for child while child is participating in the Leadership Academy activities, including but not limited to decisions about medical care, the administration //f drugs, and the performance of any and all life sustaining procedures. Parent(s)/Guardian(s) further agree to make any and all arrangements for child's transportation and admittance to any hospital, clinic, or health care facility in the event of any emergency situation involving child. In the event that the Parent(s)/Guardian(s) or emergency contacts cannot be reached during a medical emergency, the Parent(s)/Guardian(s) give the organizations permission to make decisions regarding any and all medical and survival procedures for child. The Parent(s)/Guardian(s) agree that the organizations will not be held liable for any accident or losses, however caused. Furthermore, it is understood that any and all medical expenses incurred due to injuries is the sole responsibility of the Parent(s)/Guardian(s). This is inclusive of pre-existing conditions, which may become aggravated due to you or your child's participation in any event(s).

Child's Name: _____ **Parent/Guardian Signature:** _____

Address: _____ **Phone No(s):** _____

Date: _____ **Parent/Guardian E-Mail Address:** _____

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PHOTO/MEDIA RELEASE

I/We, in consideration of _____

Child's Name

participating in the 2018 AASaLA Summer Basketball League and Leadership Academy, do grant permission for my/our child's image to be included in group activity pictures or videos posted on the website of the organizations and/or used in publications of the organizations, as related to the its programs.

Parent/Guardian Signature

Date

Print Name

E-Mail Address

Parent/Guardian Signature

Date

Print Name

E-Mail Address