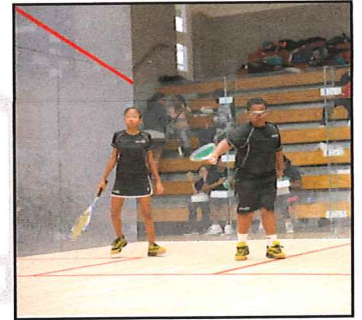
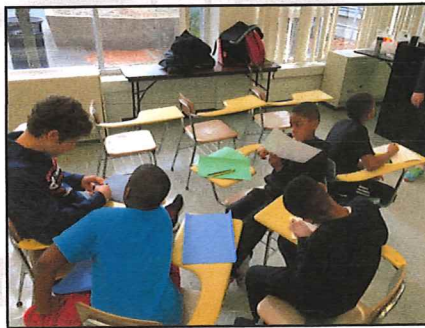




SUMMER DISCOVERY PROGRAM

July 15th - August 2nd: Monday – Friday, 9:00 am to 4:00 pm

Steel City Squash Summer Discovery Program, hosted at the University of Pittsburgh Trees Hall starts July 15! This 3-week program is open to rising 4th, 5th, 6th, 7th, & 8th grade students.



STEEL CITY SQUASH SUMMER DISCOVERY PROGRAM OFFERS:

- Learn how to play Squash!
- Play education team-based activities and games!
- Take daily swim lessons!
- Go on weekly field trips to cultural attractions around the city!

Transportation will be provided for students from the Hill District. Parents/gardians of all other students will be responsible for transporting students to and from Trees Hall.

Fee for 3 weeks of camp: \$30 – includes a SCS T-shirt
Checks/Money Orders payable to Steel City Squash

Free lunch and snack will be provided. Students will **NOT** be able to bring food.

This application can be returned to the Steel City Squash in person or by mail:

Steel City Squash
University of Pittsburgh
Department of Health & Physical Activity
140 Trees Hall
Pittsburgh, PA 15261
FAX: 412-648-7204

SPACE IS EXTREMELY LIMITED
FIRST COME FIRST SERVED.
SIGN UP TODAY!

QUESTIONS? Info@steelcitysquash
CALL 412-648-8185 or 412-648-8062

Please Print Legibly.

Complete all fields that apply to you. Students with incomplete applications will automatically be placed on the waiting list.



APPLICATION (ADDITIONAL INFORMATION MAY BE REQUIRED)

CHILD INFORMATION		NEW <input type="checkbox"/> RETURNING <input type="checkbox"/>		DATE:	
Name (First, MI, Last):					
Address:					
City:		State:		ZIP Code:	
Primary Phone:		Email:			
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Other:			
School:	Grade entering in Fall 2019:	Child has IEP at his/her school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child receives free/reduced lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FIRST PARENT/GUARDIAN INFORMATION					
Full Name:			Date of birth:	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		Estimated household income:		Single Family Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Number of Children in Household:	
City:	State:	Zip Code:		Highest Educational Attainment:	
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other:				Home Phone:	
Email:				Cell Phone:	
Employer:				Work Phone:	
SECOND PARENT/GUARDIAN INFORMATION					
Full Name:			Date of birth:	Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		Estimated household income:		Single Family Home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Number of Children in Household:	
City:	State:	Zip Code:		Highest Educational Attainment:	
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other:				Home Phone:	
Email:				Cell Phone:	
Employer:				Work Phone:	
EMERGENCY CONTACT INFORMATION (must be at least 18 years of age)					
Name:			Relationship to Child:		
Home Phone:	Mobile Phone:		Work Phone:		

Please Print Legibly.

Complete all fields that apply to you. Students with incomplete applications will automatically be placed on the waiting list.

Name:		Relationship to Child:	
Home Phone:	Mobile Phone:		Work Phone:
DISMISSAL INFORMATION			
Child may be released to the following individuals only: Name, Relationship and Phone Number (attach a separate sheet if needed) <hr/> <hr/> <hr/> <hr/>			
HEALTH INFORMATION OF CHILD			
Heath Insurance Carrier:			Policy Number:
Current Medial Conditions (check all that apply): <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Hearing Aid <input type="checkbox"/> TSS <input type="checkbox"/> Other:			
Current Medications your child is taking:			
List Allergies to Medication:	List Food Allergies:	List General Allergies:	Can your child participate in physical activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Hospital:		Do you give permission for Steel City Squash to dispense over-the counter drugs, such as Tylenol or Benadryl, when deemed necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Family Rights and Privacy Act (FERPA) protects you and your child's right to privacy and confidentiality of educational records. FERPA requires prior consent to share personally identifiable information.			
I, (Your name) _____ <input type="checkbox"/> Do authorize <input type="checkbox"/> Do not authorize and release (Name of School or School District) _____ to provide information concerning the education of my child, (Name of child) _____, to Steel City Squash. I further authorize the school or school district to release educational records of my child to Steel City Squash that include the following information: Student ID Numbers, Attendance, Discipline, Grades, 4sight & Assessment Test Scores, Citizenship Marks, Progress Notes, and Graduation Attainment (12 th grade only). This Authorization and Release shall remain in effect for one calendar year from the date of my signature.			
_____ Parent/Guardian Signature			_____ Date

Please Print Legibly.

Complete all fields that apply to you. Students with incomplete applications will automatically be placed on the waiting list.

Students attending Summer Discovery who live in the Hill District will have the option to be picked up and dropped off before and after the program. All students must be prepared to be picked up by 8:15am and will be dropped off by 4:45pm.

Please indicate your dismissal preference below.

☐ I, or another guardian, will meet my child at Trees Hall at 4:00pm following Steel City Squash practice.

☐ My child will walk home on his/her own or take the (Bus #)_____ bus from Trees Hall at 4:00pm following Steel City Squash practice

☐ My child will require transportation from Steel City Squash. **ONLY AVAILABLE TO HILL DISTRICT RESIDENTS.**

No matter my transportation preference as indicated above, I accept full responsibility for my child's welfare after he/she has been released from the care of Steel City Squash staff. I release Steel City Squash and its employees, agents, and affiliates from any liability whatsoever, effective upon conclusion of the day's programs and the departure of the individual participant from the Steel City Squash.

Child Name: _____

Parent/Guardian Signature _____ Date _____

SWIM LEVEL

Please refer to the attached swim level summary to circle your child's appropriate level. All students will be evaluated and change groups if necessary, but this will help us know where to start them.

Pre-level

Level I

Level II

Level III

Level IV

Level V

Level VI

**UNIVERSITY OF PITTSBURGH
Parent Permission and Release**

This is a legally-binding Release, Waiver, Discharge and Covenant Not to Sue made by me/us to the University of Pittsburgh - Of the Commonwealth System of Higher Education ("University"), to Steel City Squash, Inc. ("Steel City") and to others.

It is my/our minor child's desire to participate in Steel City's urban squash program - combining the sport of squash with academics, mentoring, community service and college preparation - conducted by Steel City Squash in, around and/or on the campus of the University (the "Activity"). I/We fully recognize that there are dangers and risks to which my/our minor child, named below, may be exposed by voluntarily participating in the Activity. Examples of these dangers and risks are injuries or conditions including, without limitation, damage to bone, muscle, nerve and/or soft tissue, lacerations, abrasions, contusions, fractures, concussion, aggravation of pre-existing conditions, heart complications, heart attack, as well as other injuries or conditions, up to and including serious physical injury or impairment or loss of life. I/We appreciate the character of the risk taken and, on behalf of my/our child, voluntarily assume all risk of harm. I/We understand neither the University, nor Steel City requires my/our child to participate in the Activity, but I/we want him/her to do so, despite the possible dangers and risks and despite this Release.

I/We therefore agree to assume and take on myself/ourselves all of the risks and responsibilities in any way associated with his/her participation in the Activity. In consideration of and return for the opportunity to participate in the Activity and for the services, facilities, equipment or other things provided to me/us or my/our child by Steel City and/or the University, I/WE HEREBY RELEASE STEEL CITY SQUASH, THE UNIVERSITY, (AND EACH OF THEIR RESPECTIVE DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS AND AGENTS) (COLLECTIVELY THE "RELEASEES") FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO MY/OUR CHILD, UP TO AND INCLUDING DEATH, AND FROM DAMAGE TO MY/OUR/HIS/HER PROPERTY, IN CONNECTION WITH PARTICIPATION IN THE ACTIVITY. I/WE UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT OF THE RELEASEES, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE.

I/We recognize that this Release means I/we are giving up, among other things, rights to sue the Releasees for injuries, damages or losses I/we and my/our child may incur. I/We also understand that this Release binds my/our heirs, executors, administrators and assigns, as well as myself/ourselves.

Further, I/we agree to defend, indemnify and hold harmless the Releasees from and against any suit, action, cause of action, demand, judgment, claim, damage, liability, injury, expense or loss, including but not limited to, reasonable attorney fees, initiated by my/our child, or any other person, arising in any way out of my/our child's participation in the Activity.

I/We assure the Releasees that, to the best of my/our knowledge, information and belief, my/our child is physically able to participate in the Activity without any undue or unusual risk to him/her or to others. I/We acknowledge that the Releasees have

Please Print Legibly.

Complete all fields that apply to you. Students with incomplete applications will automatically be placed on the waiting list.
recommended that my/our child consult with, have a physical examination conducted by, and follow the related instructions of a physician before he/she engages in the Activity.

Finally, I/we understand and agree that the Releasees may need to respond to accidents or emergency situations that may occur. Therefore, I/we hereby give my/our consent to the administration of any and all medical treatment of my/our child the Releasees deem necessary resulting from his/her participation in the Activity, with the understanding that the costs of any such treatment will be my/our responsibility. I/We have full authority to make and to delegate decisions regarding my/our child's health.

I/We are at least eighteen years of age and have read this entire Release. I/We fully understand it and I/we agree to be legally bound by it.

**THIS IS A RELEASE OF YOUR RIGHTS.
READ CAREFULLY BEFORE SIGNING.**

Signature

Printed Name

Date