



ROOKIES APPLICATION

2020

DREAM's Rookies League is a co-ed T-ball summer program for kindergarteners and first graders. The six-week program focuses on the fundamental instruction of baseball and softball skills in a recreational setting through practice and games. Participants will be placed on teams, coached by volunteers who focus on sportsmanship, teamwork, respect, potential, effort, and fun.

WHEN: Saturdays starting July 11 through August 15, 2020

Games will be scheduled anywhere between 10:30am and 4:00pm and last approximately 1.5 hours

WHERE: Field of Dreams: 101st Street between 1st and 2nd Avenue

APPLY: Submit completed application along with a copy of participant birth certificate to DREAM offices at 1960 1st Avenue (between 1st and FDR), New York, NY 10029

ACCEPTANCE IS ON A FIRST COME FIRST SERVE BASIS - LIMITED SPOTS AVAILABLE

For additional information, please reach out to Jason Polanco or Judy Padilla at (929) 283-8911.

For Office Use Only

Date Received: _____ Staff Initial: _____ Application Number: _____



*DREAM collects information in order to best serve the needs of
our youth and families.*

HOUSEHOLD INFORMATION

Address		Apartment:	
City	State	Zip Code	
Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island			

PARTICIPANT INFORMATION

Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth: ___/___/_____	
Proficient in English: <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary language:			
School:		Grade:			
Eligible for free lunch in school: <input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for reduced lunch in school: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does participant have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, IEP modifications:					
Child limitations (Are there any activities participant cannot participate in?)					
Participant Allergies <i>(check all that apply):</i> <input type="checkbox"/> Peanut <input type="checkbox"/> Tree nut <input type="checkbox"/> Milk <input type="checkbox"/> Egg <input type="checkbox"/> Wheat <input type="checkbox"/> Soy <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Other <i>(please write in Medical Details below)</i>		Medical Issues <i>(check all that apply):</i> <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Obesity <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Other <i>(please write in Medical Details below)</i>		Participant Race/ethnicity <i>(check all that apply):</i> <input type="checkbox"/> African-American <input type="checkbox"/> Black – African <input type="checkbox"/> Black – Caribbean <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other	
Medical Details (list all medical conditions, medications, issues, and allergies that we should know about):					



PARENT/GUARDIAN 1 INFORMATION

Emergency contact: Yes No

Parent/Guardian name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address:			
Home phone:	Work phone:	Cell phone:	
City	State	Zip Code	
Work Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island			

PARENT/GUARDIAN 2 INFORMATION

Emergency contact: Yes No

Parent/Guardian name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email address:			
Home phone:	Work phone:	Cell phone:	
City	State	Zip Code	
Work Borough: <input type="checkbox"/> Bronx <input type="checkbox"/> Brooklyn <input type="checkbox"/> Manhattan <input type="checkbox"/> Queens <input type="checkbox"/> Staten Island			

Please check all that apply

Does anyone in the household receive any of the following: <ul style="list-style-type: none"> <input type="checkbox"/> NYCHA <input type="checkbox"/> Section 8 <input type="checkbox"/> Public Assistance <input type="checkbox"/> Food Stamps (SNAP) <input type="checkbox"/> WIC <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus <input type="checkbox"/> Family Health Plus <input type="checkbox"/> Private Health Insurance 	Average household income: <ul style="list-style-type: none"> <input type="checkbox"/> Under \$15,000 <input type="checkbox"/> \$15,000 – \$24,999 <input type="checkbox"/> \$25,000 – \$34,999 <input type="checkbox"/> \$35,000 – \$44,999 <input type="checkbox"/> \$45,000 – \$64,999 <input type="checkbox"/> \$65,000 – \$84,999 <input type="checkbox"/> \$85,000 – \$100,00 <input type="checkbox"/> Above \$100,000
# of children in household (<i>including participant</i>):	# of adults in household (<i>including participant</i>):

Any other siblings participating in Rookies program? Yes No

If yes, please write in the sibling or siblings' name/s: _____

EMERGENCY CONTACTS- PLEASE LIST THREE



Name:	Phone number: Can pick up youth: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone number: Can pick up youth: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone number: Can pick up youth: <input type="checkbox"/> Yes <input type="checkbox"/> No

WAIVER OF ALL CLAIMS/CONSENT FORM

I hereby give my child permission to try out for and to participate in any and all programs associated with DREAM, including but not limited to DREAM’s baseball, softball, educational and mentoring programs and field trips related thereto (“Activities”). I understand that (i) despite the efforts of DREAM to instill a “safety first philosophy” within the organization, my child may be exposed to certain risks and hazards incidental to his/her participation in the Activities, including, but not limited to, physical injury and (ii) the permission that I give hereby means that I am agreeing to assume on his/her behalf all risks and hazards incidental to his/her participation in such Activities, including, but not limited to, physical injury. With respect to such risks of physical injury, I further understand that the permission I hereby grant means that I am agreeing to assume on his/her behalf all risk and hazards incidental to the sport of baseball and all warm-ups, practices, and competitions associated with baseball, including specifically (but not exclusively) the danger of being injured by thrown bats, fragments thereof, and thrown or batted balls.

I understand that DREAM program staff members are required to report any suspected abuse or neglect of a child. The staff and volunteers are trained to respond if a child discloses/alleges abuse and a report will be filed with authorities. If I have any further questions, or would like more information on violence prevention, I will ask DREAM staff for additional resources.

In consideration of DREAM permitting my child to participate in the Activities, I hereby release, discharge, and agree to indemnify and hold harmless DREAM, its directors, organizers, sponsors, coaches, staff, volunteers and agents from any and all claims, liabilities or causes of action arising out of my child’s participation in the Activities, including but not limited to physical injury to my child, whether the result of negligence or any other cause.

WARNING: Protective equipment cannot prevent all injuries that a youth player may sustain while playing baseball or softball.

Parent/Guardian’s Name

Parent/Guardian’s Signature

Date

EMERGENCY MEDICAL TREATMENT CONSENT FORM



I hereby give my permission to DREAM to give consent on my behalf in the event of the need for the emergency administration of medical treatment which DREAM, in its sole discretion, believes to be necessary and appropriate, including, without limitation, treatment by trained First Aid personnel, EMTs, First Responders, Paramedics, and Emergency Room Physicians. In consideration of DREAM permitting my child to participate in DREAM activities and programs, I hereby release, discharge and agree to indemnify and hold harmless DREAM, its directors, organizers, sponsors, coaches, staff, volunteers and agents from any and all claims, liabilities or cause of action arising out of such treatment and with respect to the exercise of its judgment in this regard. I further attest that I have disclosed all vital and important health information (allergies, medications and medical limitations on activities) which would be necessary for the proper care of my child.

I agree to pay, and to assume responsibility, for all medical and dental expenses incurred in the treatment of my child.

Parent/Guardian's Name

Parent/Guardian's Signature

Date

MEDIA PERMISSION AND RELEASE

I, the undersigned, acknowledge that the various activities, including but not limited to sports, education, plays, skits, and interviews, that my child may participate in from time to time as a participant in DREAM, a nonprofit organization; may be videotaped, audio taped, filmed, photographed and/or transcribed; and I hereby grant permission and a nonexclusive, perpetual, irrevocable, royalty-free, worldwide license to DREAM and any of its successors and assigns ("Licensee") to use and include in these records and recordings, my child's voice, name, likeness, and image (together, the "Recorded Activities") and to reproduce, translate, transcribe, distribute, prepare derivative works, broadcast, exhibit, display, and perform any portion, in whole or in part, of my child's Recorded Activities publicly for any use, including advertising and publicity for DREAM, in whole or in part, in any manner or any form of media (whether now known or hereafter existing), including but not limited to television (network, cable, syndication, satellite), film, Internet, and video, throughout the world in perpetuity. DREAM shall have the right to license, sub-license or assign any of its rights without prior consent of myself or my child, and this release shall inure to the benefit of the Licensee. Moreover, as a result of my child's participation in programming, DREAM may collect or obtain data which will be used for statistical or research purposes only, and I understand that compliance with requests for additional information is not mandatory.

I hereby release and discharge Licensee from any and all liability arising out of or in connection with claims of violations of my child's rights of privacy or publicity, libel or slander, or violation of any other personal, intellectual or other proprietary rights. I understand and acknowledge that my child will not be compensated for the Recorded Activities or for the future use of the Recorded Activities as set forth above.

This release shall be construed, interpreted, and my rights will be determined, in accordance with the laws of the State of New York without reference to its choice of law provisions.

Parent/Guardian's Name

Parent/Guardian's Signature

Date