

## National Youth Sports Program 2017

Dear Parent/Guardian:

The school year will be over before you know it. That can only mean one thing; summer and the National Youth Sports Program (NYSP) will soon be here. To participate in NYSP, **campers must be between the ages of 9 and 15**. A child must be age 9 by the end of August, and no exceptions will be made, due to the popularity of this program.

This is an exciting summer for us, as WVU's College of Physical Activity and Sport Sciences is celebrating 30 years of offering the summer program to the community. Each summer we provide daily swimming lessons and professional instruction in a variety of sports such as softball, basketball, tennis, and soccer. We also plan an array of enrichment lessons to provide children with opportunities and experiences that contribute to their personal development. This not only adds variation to the daily schedule, but gives campers the opportunity to explore subject matter related to careers, math, technology, reading, and wellness, just to name a few of the topics. In other words, we have a fun filled summer planned that is much more than sports.

We are pleased to announce that once again we received financial support from the National Inclusion Project Let's All Play Initiative, and will be able to provide additional support to campers needing some extra assistance with their activities. We also continue to be grateful for the many WVU and Morgantown community businesses and members that have supported the camp and helped sustain this program for so many years. The services again this year include bus transportation provided by Monongalia County Board of Education, free physical exams from doctors at WVU School of Medicine, and a daily snack and lunch prepared by WVU Dining Services and assisted financially by the Summer Food Service Program.

The expectations of NYSP are that all campers are **active participants and have fun**. In order to do this, they must be respectful of others at all times, have a willingness to learn new things, be a good sport, follow some simple rules, and be dressed appropriately. All campers must wear closed toed shoes (no sandals or flip-flops) and clothing that is comfortable and easily allows for movement during physical activities. An example of appropriate attire is shorts, tee shirt, and sneakers. While only here for a few weeks of summer, our goals are to teach campers the importance of being physically active, what having a healthy lifestyle means, respect, and how being a good sport is needed throughout life, and not just in sporting games.

You do not want to miss this summer's 30<sup>th</sup> anniversary NYSP Celebration, so be sure to register. All the important camp information is included with this letter or can be found on the web site <http://nysp.wvu.edu>. We look forward to seeing your camper(s) and to another exciting summer of NYSP.

Sincerely,

Dana D. Brooks  
Dean, College of Physical Activity and Sport Sciences  
& NYSP Project Administrator



2017 National Youth Sports Program Registration Form

Camper's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Male  Female  \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth
\_\_\_\_ Grade for 2017/18 School Year: \_\_\_\_ Age

School Name: \_\_\_\_\_ Have you attended NYSP before? No  Yes  # of years \_\_\_\_

Will camper be riding the bus? No  Yes  T-shirt size: SM  MED  LG  XL

Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_
\_\_\_\_\_
City State Zip Code

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work /Mobil Phone: \_\_\_\_\_

Emergency Contact: (Other than Parent or Guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian

Office Use Only
Check# \_\_\_\_\_ Cash  Credit  On-line 
Age: \_\_\_\_\_ Group #: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_
Medical Form: Yes  No  Media Release: Yes  No 
Lunch Form: Yes  No  Program Release: Yes  No 
Special dietary or other needs: Yes  No

**2017 Consent to Participate:**

I agree to allow my child to participate in NYSP summer camp, and affirm that such participation is voluntary. In consideration for the privilege of my child's participation in camp, I hereby agree to the following clauses:

1. I understand that there are risks inherent in the activities my child will engage in at camp. A non-exhaustive list of particular risks includes cardiovascular stress, sprains, abrasions, dislocations, fractures, concussions, contusions, blisters, and reckless conduct of other NYSP campers. I also understand that, despite all reasonable efforts on the part of NYSP to provide instruction and safety precautions, there is no guarantee that a child will not get injured given the nature of the activities.
2. With the intention of binding myself and my child, and our respective heirs, assigns, and legal representatives, I hereby WAIVE and RELEASE any and all rights and claims for damages which I or my child may have against NYSP, the College of Physical Activity and Sport Sciences, and West Virginia University, and their respective employees and representatives for any and all injuries suffered by my child while participating in summer camp, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties.

**All campers must have all required forms completed and a physical exam before they can attend and participate in NYSP summer camp.** All campers are expected to follow WVU/NYSP guidelines and rules designed for their safety in participation of camp sports and activities. If children do not follow camp policies and procedures, parents will be notified and children will be sent home.

I hereby give my consent for my child to participate in all daily physical activities, field trips, and enrichment lessons scheduled as part of NYSP summer camp.

I acknowledge that I have read, had the opportunity to ask questions about, and understand that this form and the terms herein are contractual and not a mere recital.

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**Parent/Guardian Signature**

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**Date**

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**Printed Name**

## Media Recording/Usage Release

### 2017 Media Release:

For the privilege of participating in activities for West Virginia University, I hereby give my consent for the image and likeness of my child to be photographed, videotaped, and/or audiotaped, for the following purposes:

- Educational/Instructional media
- Recruitment/Outreach media
- Development media
- Newsworthy media documentation

I further authorize West Virginia University, WVU College of Physical Activity and Sport Sciences Lifetime Activities Program, NYSP Summer Camp, the National Inclusion Project and their component parts to use this electronic media and/or photographs in any manner – whole or part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of West Virginia University.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release West Virginia University and its component parts from all liability, which could result from its use.

Participant's Name: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

**Free and Reduced-Price Meals Household Application for 2016-2017 – West Virginia Dept. of Education**  
 USE BLACK OR DARK BLUE INK, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD

**1. Names of ALL Children in School, Center, or Camp**

Last Name	First Name	MI	Date of Birth MM/DD/YY	Mark if Foster	Grade	School, Center, or Camp
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		

**2. SNAP/TANF NUMBER**

If any member of your household receives SNAP or TANF, indicate which program and provide the **10-digit case #** (If any, SKIP TO PART 5)

SNAP

TANF

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**3. HOMELESS, MIGRANT, RUNAWAY**

If the child you are applying for is **homeless, migrant, or runaway**, check the appropriate box and call your county contact at \_\_\_\_\_.

Homeless  Migrant  Runaway

**4. HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH**

List each person in the household. For each person who receives income, write the amount received and fill in how often it is received.

Name (Last, First) List everyone in the Household. Attach a separate sheet if needed.	Monthly Earnings from Work (Before Deductions)	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Other Monthly Income	Check if no Income
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

**Total Number of Persons in Household** \_\_\_\_\_ **Total Monthly Income Before Deductions \$** \_\_\_\_\_

**5. Signature and Social Security Number (Adult must sign.)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school system may get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose meal benefits, and I may be prosecuted.

Today's Date

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Last 4 Digits of Social Security Number

*	*	*	*	*				
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I do not have a Social Security Number

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

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Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

**6. Children's Race and Ethnicity - (You do not have to complete this part to receive free and reduced price meals.)**

Mark one or more racial identities from this group:

- Asian  American Indian or Alaska Native  White  
 Black or African American  Native Hawaiian or Other Pacific Islander

And mark one ethnic identity from this group:

- Hispanic or Latino  Not Hispanic or Latino

**7. Other Benefits - (You do not have to complete this part to receive free and reduced price meals.)**

Yes, school officials may use the information provided on this application to determine my child(ren)'s eligibility for free textbooks, workbooks, and other school supplies.

**Do not fill out this part. This is for sponsor's use only.** Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Categorically Eligibility:  -OR- Income Eligibility:  \_\_\_\_\_ Free Meals  
 \_\_\_\_\_ Reduced Meals  
 \_\_\_\_\_ Denied: Reason: \_\_\_\_\_

Signature/Stamp of Approving Official \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

Verification: Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

**8: Free and Low-Cost Health Care**

If your children get free or reduced price school meals, they may also be able to get free or low-cost insurance through Medicaid or the West Virginia Children’s Health Insurance Program (WVCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

If you would like information about WVCHIP or Medicaid, please call toll-free anytime at 1-877-982-2447 or visit [www.chip.wv.gov](http://www.chip.wv.gov) You may also apply online at [www.wvinroads.org](http://www.wvinroads.org).

**Your children may qualify for free or reduced price meals if your household income does not exceed the limits on this chart.**

<b>FEDERAL INCOME CHART</b>					
<b>For School Year July 1, 2016 – June 30, 2017</b>					
<b>Household size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	\$21,978	\$1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each additional person:	7,696	642	321	296	148

**Privacy Act Statement:** This explains how we will use the information you give us.

**The Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement:**

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the responsible State or local Agency that administers the program or the USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**This institution is an equal opportunity provider.**

Program Year 2016-2017  
West Virginia Department of Education  
**FREE AND REDUCED PRICE SCHOOL MEAL FAMILY APPLICATION**  
**INSTRUCTIONS FOR APPLYING**

**If your household gets FOOD STAMPS OR TANF, follow these instructions:**

- Part 1:** List child(ren)'s name, date of birth, grade, and school, center, or camp.  
**Part 2:** Check the appropriate box and list the 10-digit Food Stamp or TANF case number.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. A Social Security Number is not necessary.  
**Part 6:** Answer this question if you choose.  
**Part 7:** Answer this question if you choose.  
**Part 8:** (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

**If you are applying for a child who is HOMELESS, MIGRANT, or a RUNAWAY, follow these instructions: check the appropriate box and call your county contact at the phone number listed in Part 3 of the application. Fill out the rest of the application by following instructions for ALL OTHER HOUSEHOLDS.**

**If you are applying for a FOSTER CHILD, follow these instructions:**

**If all children in the household are foster children:**

- Part 1:** List all foster children, date of birth, grade and school, center, or camp.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 6:** Answer this question if you choose.

**If some children in the household are foster children:**

- Part 1:** List all children in the household (including foster children), date of birth, mark box if foster child, grade, and school, center, or camp.  
**Part 2:** If the household does not have a case number, skip this part.  
**Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the contact number listed.  
**Part 4:** Follow these instructions to report total household income from last month.  
**Column 1–Name:** List all household members.  
**Column 2–Last month's income:** List the types of income your household received last month. *Employment Income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. *Other Income:* List the total amount each person received last month from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, withdrawals from savings, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.  
**Last Column–Check if no income:** If the person does not have any income, check the box.  
**Part 5:** An adult household member must sign the form and list the last 4 digits of his or her Social Security Number, or mark the box if he or she doesn't have one.  
**Part 6:** Answer this question if you choose.  
**Part 7:** Answer this question if you choose.  
**Part 8:** (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

- Part 1:** List each child's name, date of birth, grade and school, center, or camp.  
**Part 2:** Skip this part.  
**Part 3:** Check a box only if it applies.  
**Part 4:** Follow these instructions to report total household income from last month.  
**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). **You must include yourself and all children.** Attach another sheet of paper with household members if required.  
**Column 2–Last month's income:** List the types of income your household received last month. *Employment Income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. *Other Income:* List the total amount each person received last month from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, withdrawals from savings, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.  
**Last Column–Check if no income:** If the person does not have any income, check the box.  
**Part 5:** An adult household member must sign the form and list the last 4 digits of his or her Social Security Number, or mark the box if he or she doesn't have one.  
**Part 6:** Answer this question if you choose.  
**Part 7:** Answer this question if you choose.  
**Part 8:** (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.





# To Be Completed by NYSP Camp Staff & Medical Personnel

Camper's Name \_\_\_\_\_ Date: \_\_\_\_\_

Height \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs. Pulse \_\_\_\_\_ bpm Blood Pressure \_\_\_\_\_/\_\_\_\_\_ mmHg

Area Checked	Normal	If Abnormal Describe Here	Follow Up with Parent/Guardian Recommended
Eyes (reflexes, movements, visual acuity)			
Ears (hearing, cerumen)			
Nose, Sinuses			
Mouth, Gums, Teeth			
Neck, Throat			
Skin			
Lungs, Breathing			
Chest			
Lymph Nodes			
Heart			
Abdomen			
Back			
Bones, Joints, Muscles			
Nervous System			

Overall Physical Condition: Child may participate in NYSP Program: Yes  No

Any additional comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Examining Physician/Medical Personnel

\_\_\_\_\_  
Date