



Itty Bitty Academy Enrollment Form

99 Marble Street
Springfield, MA 01105

Phone: (413) 788 – 6173

Cell: (413) 455 – 5572

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Facebook: @SouthEndCommunityCenter

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www.SECCspringfield.com



Letter from your Itty Bitty Activities coordinator, Jashua Baker

Dear Parents/ Guardians:

Welcome to the South End Community Center's summer Itty Bitty Activities program. I am pleased to be of service to all our participants for the remainder of the summer and in future endeavors. All itty bitty activities will be held primarily at the South End Community Center, located at 99 marble street Springfield Ma,01105.

I am excited to announce that your 3 to 6 year olds get to join us. At Itty Bitty every kid makes the team. We offer a challenge by choice experience. Our staff also looks forward to providing a safe and healthy environment for all that are involved.

Please read and complete our enrollment form in its entirety. The purpose of this form is to assure we have accurate and current information about your Student-Athlete. Each participant will need to complete this form before they are able to start the program.

The steps following the completion of the enrollment form will be as followed:

- Initial payment is due.
- Your Itty Bitty or Bitty's spot will be confirmed

Again, thank you for joining our athletics program this summer, I look forward to working with both you and your Student-Athlete. Please feel welcome to contact me if you have any additional questions or concerns.

Phone: 413-788-6173

Email: jcotton@seccspringfield.com

Sincerely,

Justin Cotton Jr

Student Athlete Information

Last Name: _____ First Name: _____ Mid Init: _____

Gender: Female _____ Male _____ Date of Birth: _____ / _____ / _____ Age: _____

Current School: _____

Please indicate Student Athlete size Adult Sizes Only (check one)

Youth Sizing: XS _____ Sm _____ Med _____ Lg _____ XL _____

Parent Information

Parent /Legal Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN TELEPHONE: _____ CELL PHONE: _____

EMAIL: _____

Parent /Legal Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIAN TELEPHONE: _____ CELL PHONE: _____

EMAIL: _____

Emergency Contact Information

Emergency Contact #1 _____ Phone: _____

Emergency Contact #2 _____ Phone: _____

Package Payment Information

_____ Basketball	_____ Baseball	_____ Softball	_____ Track & Field
_____ Soccer	_____ Volleyball	_____ Cheer	_____ Martial Arts/Wrestling

For official use only:

Admission Date: _____ / _____ / _____

End Date _____ / _____ / _____

Health Information and Contact

Sport: _____ Year: _____

Participant Name: _____ Gender: _____

Address: _____

Age: _____ Birth Date: _____

Parent/Guardian Name: _____

Phone: Primary: _____ Secondary: _____ Other: _____

To Be Filled Out by Parent

Doctor: _____ Phone: _____

Address: _____ Zip: _____

Hospital: _____ Phone: _____

Please Circle: Insurance: Yes, _____ No _____ Group No. _____

Name of Company: _____ ID No. _____

Backup Emergency Contact: _____

Phone: Home: _____ Work: _____ Cell: _____

Does student have any special medical problems? Yes No

If yes, please explain

Is student taking any medication? Yes No

If yes, please specify _____

Is student allergic to any drugs? Yes No

If yes, please specify _____

In case of illness, accident or another emergency involving this student, the principal of coach is authorized to act on my behalf if I cannot be contacted. The school district is not responsible for any related ambulance or health care costs that might be associated with an emergency response for an athlete's injury.

Signature of Parent or Legal Guardian

Date

Waivers/ Signature Page

First Aid and Emergency Medical Care Authorization and Consent

I understand that staff members in the South End Community Center, Inc. are trained in the basics of First Aid and I authorize them to give my child: _____.

First Aid when appropriate; I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child or one of my emergency contact people specified as the Emergency Contact for my child. If I cannot be reached in an emergency, I hereby authorize the South End Community Center to secure and administer treatment to my child including transporting my child to the nearest licensed medical care facility to secure necessary medical treatment including hospitalization for my child for my child.

Parent/Guardian (Please Print)

Signature

Date

Publicity Release

During participation in events, programs, classes and other South End Community Center activities and sponsored activities, your child may be subject and included in recordings of the events. This might take the form of audio, video, print, photo, or some other form of media or recording device. Signing this release authorizes the South End Community Center to use their name, image, or other recorded media in advertisements, videos, brochures, newspaper articles, etc.

Parent/Guardian Name (Please print)

Signature

Date

Off Site Consent/ Field Trip Waiver

I freely give my child permission to participate in the South End Community Center's Program including any/all field trips taken outside the South End Community Center during the Program. Signing this waiver authorizes the South End Community Center to transport your child to and from all field trips in the transportation provided by the community center.

Parent/Guardian Name (Please Print)

Signature

Date

Liability Waiver

I freely give my child permission to participate in the South End Community Center's Program including any/all its events. I waive any responsibility that the South End Community Center, any of its' agent whether paid or volunteer may have event that my child sustains any injury and/or loss damage to any personal property while participating in the agency sponsored events and services.

Parent/Guardian Name (Please Print)

Signature

Date