



1380 Fritz Drive, Bethlehem, PA 18017

2011 SUMMER APPLICATION FOR PARTICIPATION

Age requirement: 8 -18 years old

Program Dates/Times

Monday-Thursday --- June 13th-Aug 11th

Table with 4 columns (Monday-Thursday) and 4 rows of time slots (9:00-10:30, 11:00-12:30, 1:15-2:45, 3:00-4:30)

Check the session or sessions of golf in which you want to participate

RETURN COMPLETED APPLICATION AND INCOME FORM TO: Julie Thomases, 424 Center St., Bethlehem, PA 18018 or email to: embraceyourdreamslv@yahoo.com or give to Tom Fenstermacher at The First Tee site

(For more information call Julie Thomases at 610-868-5290 or 484-358-1200 or email her at embraceyourdreamslv@yahoo.com)

PARTICIPANT NAME _____ MALE FEMALE

ADDRESS (number, street) _____

Ethnicity: African American Caucasian Hispanic Asian American Other _____

CITY _____ STATE _____ ZIP CODE _____ Honor Roll yes

HOME PHONE # _____ EMERGENCY PHONE # _____ GRADE COMPLETED _____

Email: _____ AGE _____ BIRTHDATE _____

SCHOOL _____ SCHOOL DISTRICT _____

THE FOLLOWING LIABILITY/RELEASE MUST BE READ AND SIGNED BY APPLICANT AND PARENT OR GUARDIAN FOR PARTICIPATION IN THIS PROGRAM:

Medical Liability: Parents having children who have extreme allergies, adverse reactions to bee stings, are prone to severe poison ivy outbreaks, or have any other medical conditions, are responsible for adequately preparing their children, and do, through participation in the Embrace Your Dreams-The First Tee Marvine Golf Program indicate that their children are physically and mentally fit to participate in the program.

Release: The undersigned applicant to the Embrace Your Dreams-The First Tee Marvine Golf Program and his/her parent(s) or legal guardian(s), do hereby agree to release, discharge, and hold harmless Embrace Your Dreams-The First Tee Marvine Golf Program, its officers, employees, sponsors and agents from any and all liability for any accidental incident or consequence involving the said applicant, arising out of or related to the applicants entry or participation in activities offered by Embrace Your Dreams-The First Tee Marvine Golf Program or any other Embrace Your Dreams activity, including fieldtrips.

PHOTO RELEASE: I give my permission to Embrace Your Dreams to use photographs and films/videos of myself and/or children for educational or promotional purposes. These materials may be utilized for immediate or future use. I understand that the photographs/films/videos will not be used for commercial purposes.

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

Please Print Name _____

CONTACT INFORMATION:

Name: _____

Address: _____

Phone Number: _____

RACE AND ETHNICITY: This information is required solely to assure non-discrimination in Federally-funded programs.

Please check off boxes **in both columns**.

Ethnicity:

I am Hispanic/Latino

I am not Hispanic or Latino

Race (Please select ***one or more*** statements which best describe your racial composition):

I am White.

I am Black or African American.

I am Asian.

I am American Indian or Alaska Native.

I am Native Hawaiian or Other Pacific Islander.

I am American Indian or Alaskan Native & White.

I am Asian & White.

I am Black or African American & White.

I am American Indian or Alaskan Native & Black or African American.

I am Other Multi-Racial.

HOUSEHOLD AND INCOME VERIFICATION

Please select the number of people in your household under the Household Size column **and** the appropriate income category from one of the (3) three columns immediately to the right of the Household Size number.

<u>Household Size</u>	<u>0-30% AMI</u>	<u>31-50% AMI</u>	<u>51-80% AMI</u>
___ 1 person	___ \$0 – \$14,700	___ \$14,701 – \$24,500	___ \$24,501 – \$39,200
___ 2 people	___ \$0 – \$16,800	___ \$16,801 – \$28,000	___ \$28,001 – \$44,800
___ 3 people	___ \$0 – \$18,900	___ \$18,901 – \$31,500	___ \$31,501 – \$50,400
___ 4 people	___ \$0 – \$21,000	___ \$21,001 – \$35,000	___ \$35,001 – \$56,000
___ 5 people	___ \$0 – \$22,700	___ \$22,701 – \$37,800	___ \$37,801 – \$60,500
___ 6 people	___ \$0 – \$24,400	___ \$24,401 – \$40,600	___ \$40,601 – \$65,000
___ 7 people	___ \$0 – \$26,050	___ \$26,051 – \$43,400	___ \$43,401 – \$69,450
___ 8 people	___ \$0 – \$27,750	___ \$27,751 – \$46,200	___ \$46,201 – \$73,950

Is a female the head of your household? Yes ___ No ___

Does the participant have a disability? Yes ___ No ___

I hereby certify that all the information stated herein is true and accurate. **Warning:** The City of Allentown, The City of Bethlehem and HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

(Signature)

(Date)