Case Western Reserve University

National Youth Sports Program

2009

NYSP Participant Application

Name: _____ Telephone: _____
Last First MI

Address: _____ M ☐ F ☐ Age:_____

_____ Birthdate: _____ /_____ /_____
City State Zip

City of Cleveland residents ONLY!

In which Cleveland Ward do you reside? _____
Which school district do you live in? _____
Which school do you attend? _____

Ethnicity: (check all that apply)
☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander
☐ Black Non-Hispanic ☐ Hispanic ☐ White Non-Hispanic

NYSP Returnee: Yes ☐ No ☐ Number of years in NYSP:_____

Are you or any family members Case employees? Yes ☐ No ☐

Parent or legal guardian: _____
Email:_____

Telephone: Home:_____ Work: _____
Emergency contact: Name _____

Relationship: _____ Telephone: Home: _____ Work: _____

Address: _____

I understand and consent that a medical examination will be required before enrollment in NYSP and that the host institution and/or NYSP is authorized to obtain medical care or treatment deemed necessary.

_____ _____
Parent/Guardian's Signature **Date**

Office Use Only
Residing within target area: Yes ☐ No ☐
Eligible ☐ Noneligible ☐
Medical-examition record: Yes ☐ No ☐