

# 2009 SuperSTARS Summer Leadership Academy



LEARN SPORTS - GET FIT - MAKE FRIENDS- TAKE FIELD TRIPS -  
EXPLORE CAREERS - DEVELOP LEADERSHIP - BE AN INTERN  
- LEARN WORKPLACE SKILLS - HAVE FUN!

The 2009 Summer Leadership Academy will take place June 29 - August 7, with additional STARWorks mini internships for eligible participants scheduled from August 10-14 and August 17-21. The Academy will once again be located at Baruch College, 24<sup>th</sup> Street and Lexington Avenue, in Manhattan. The Academy's programming is designed to create a fun environment for girls to make new friends and develop their life skills for success. The STARWorks mini-internships are arranged with NYC businesses and organizations where the Academy participants are mentored by successful businesswomen in a variety of occupations.

- **Sports and fitness programming**
  - Team sports skills – basketball, volleyball, softball, lacrosse
  - Fitness activities – weight training, yoga, martial arts, dance, Double Dutch, running, etc.
- **Life skills**
  - Time management, goal setting, oral communications, written communications, financial literacy, leadership training, resume writing, computer skills, online research
- **Workplace training**
  - “Dress for success”, office etiquette, phone skills, filing, office equipment use, project participation, interview skills.
- **College Preparation**
  - How to think about applying to college, timeline, the college application process, how to research scholarships/financial aid.
- **Special Programs**
  - **Row NY** – A Queens-based program that teaches the rudiments of rowing/crew using barges on the water in Queens.
  - **Prepare/Impact** – A 20 hour specialized personal safety and communications skills training course. In connection with a special grant, the Prepare/Impact course will be available to participants in the STARS program and their mothers/caretakers/mentors.
  - **Group Projects** – Each of the girls will select one group project which will culminate in a presentation at the end of the Academy.
- **Field Trips**
  - Brooklyn Cyclones baseball game/AVP Volleyball - Coney Island
  - Columbia College fair
  - Madison Square Garden offices- Liberty Basketball
  - Forest Hills Tennis
  - HBO Film Screening
- **STARWorks Internships**
  - Brooklyn Cyclones, Ice Theater of NY, New York Sports Clubs, NYC Sports Commission, PowerPlay NYC, IMG, HBO

# 2009 SuperSTARS Summer Leadership Academy



## *Participant Application Form*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_

Community Site Affiliation \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

GPA: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you participate in any extracurricular activities? (such as after school, YMCA programs, sports, religious, etc.)

What are your favorite topics in school and why?

Why are you interested in this program?

*(continued on next page)*

What types of careers are you considering?

What do you hope to gain from participating in this program?

Who has been your biggest mentor (or person you look up to) so far in your life and how have they helped you?

Please describe your greatest sports moment and/or a goal, which you had in life and how you accomplished it.

What are three strengths you would bring to the SuperSTARS team?

Is there anything else you want to tell us about why you should be selected for the Summer Leadership Academy?

Please list one teacher, coach or community reference:

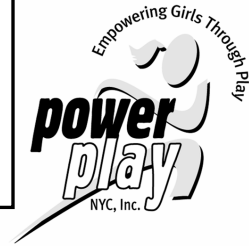
Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

**THANK YOU!**

Please return this form along with Youth Commitment Agreement, Parent Permission Form and Participant Basic Health Information Form to: PowerPlay NYC, 307 Seventh Ave., Suite 1601, New York, NY 10001.  
Questions? Call 212-545-0021

# 2009 SuperSTARS Summer Leadership Academy



## Participant Commitment Agreement

I, \_\_\_\_\_, agree to participate in the STARS Program and agree to do the following:

- To attend the Summer Leadership Academy every weekday from June 29, 2009 through August 7, 2009;
- To be on time every day which means being at the Leadership Academy not later than 9:30 AM every weekday;
- To participate willingly and learn as much as I can about career, sports, fitness, leadership, life skills and any other topics we cover;
- To complete any assignments or projects that are part of the program;
- To listen and be open to feedback from my coaches and others;
- To respect my fellow participants, counselors and guest speakers,
- To notify my counselor in the event that I am ever late or must miss a session;
- To have FUN!!

By signing below, I accept the above guidelines.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**2009 SuperSTARS  
Summer Sports  
Leadership  
Academy**



*Parent Permission Form*

I, \_\_\_\_\_, the  
parent/guardian of

\_\_\_\_\_, permit her to  
participate in STARS,

a free educational career program created by the PowerPlay NYC, Inc. I have read and understood the criteria, regulations and structure of the program.

I understand that the meetings with my child and the group of participants and counselors and coaches will take place at venues such as Baruch College, other sports facilities and offices in New York City. I give my daughter permission to participate in all program trips and meetings. All group meetings are scheduled by PowerPlay NYC and monitored and evaluated. Any additional contacts between my child and the coaches/counselors must be scheduled in advance and approved by me.

In consideration of the good will, public service, and community aid provided by the PowerPlay NYC which I support and from which I have received benefit, I hereby grant permission to PowerPlay NYC to use my child's name, to take and publish photographs, videotapes or motion pictures of him/her which include his/her voice, in any media for any legitimate purpose. I release all rights to such photographs, videotapes, motion pictures and recordings. I acknowledge that you are the sole owner of all rights arising out of their use for all purposes. I understand that I shall receive no compensation from their use from any source whatsoever.

\_\_\_\_\_  
(Parent/guardian)

\_\_\_\_\_  
(Date)



# 2009 SuperSTARS Summer Leadership Academy

## Participant Basic Health Information/Waivers form

Child's name: \_\_\_\_\_

Does your child have any medical problems (i.e. diabetes, asthma, seizure disorder, etc.)?

YES  NO

If YES, list medical problem(s) \_\_\_\_\_

Does your child take any medication? YES  NO

If YES, list medication(s) with dosages and frequency of dosage:  
\_\_\_\_\_

Does your child have any allergies? YES  NO

If YES, list allergies: \_\_\_\_\_

(The purposed of the above listed information is to ensure that medical personnel have details of any medical concern that may interfere with or alter treatment)

Has your child suffered any injuries in the last 18 months? YES  NO

If YES, please describe the injury and your child's current condition:  
\_\_\_\_\_

Does your child have any limitations on the types of activities in which she may be involved?

YES  NO

If YES, list limitation(s): \_\_\_\_\_

Will these medical problem(s), your child's use of medication, allergies, injuries, etc. affect your child while she is participating in sports/fitness activities, including rowing? YES  NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

If YES, what precautions should be taken while your child is participating in sports/fitness activities, including rowing?  
\_\_\_\_\_

Is there anything else that you feel PowerPlay NYC, Inc. and Row New York, Inc. should know about your child's health condition? Please explain:  
\_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Does your family have insurance? YES  NO

Does your family have Medicaid/Medicare? YES  NO

Name of Insurance Carrier: \_\_\_\_\_

Plan or Policy No/Medicaid No.. \_\_\_\_\_

Household Income:  Less than \$16,000     \$16,000 to \$25,000     \$25,001 to \$35,000  
 \$35,001 to \$50,000     \$50,001 to \$75,000     More than \$75,000



# **2009 SuperSTARS Summer Leadership Academy**



Dear Parent:

This year participants in the STARS Summer Sports Leadership Academy will once again benefit from a program called Prepare/IMPACT Personal Safety that is funded by Emerging Strategies for Learning and Leadership, Inc.

Prepare/IMPACT Personal Safety is a national organization that offers self-esteem, assertiveness, personal safety and empowerment training. The Prepare course will be offered on five days for four hour sessions each during the Academy.

Through role-play, discussion, and exercises, participants will explore a range of self-advocacy issues relevant to their age, i.e., “How can I take care of myself in social situations with friends, with the opposite sex, with adults?” “What is the best thing to do ... the best things to say ... how should I present myself...?” “How can I protect myself if I am in an uncomfortable or dangerous situation?”

Effective communication, with a priority given to maintaining the integrity and safety of the individual in all types of situations, is the basic aim of the program. Whether it is a squabble with a friend, unwelcome attention from strangers, or handling healthy dating relationships, knowing what to do or say is a vital life skill. The role-plays will include physical techniques.

Please complete and return the attached release for your daughter and return it with the Summer Leadership Academy application.

If you have additional questions, please call the undersigned at 212-545-0021

Sincerely,

Beth Rasin  
Executive Director

**AGREEMENT AND RELEASE OF LIABILITY FOR  
PREPARE/IMPACT PERSONAL SAFETY/COMMUNICATIONS TRAINING**

This Agreement is between \_\_\_\_\_(Name of SuperSTARS Summer Leadership Academy Participant) and Prepare, Inc. and IMPACT Personal Safety, Inc., their employees, contractors, and affiliated organizations ("Prepare").

In consideration for enrollment in the Prepare personal safety workshop ("Workshop") I make the following statements and promises:

I AM AWARE THAT THE WORKSHOP INVOLVES STRENUOUS PHYSICAL ACTIVITIES AND PERSONAL BODY CONTACT. I AM VOLUNTARILY TAKING THE WORKSHOP WITH KNOWLEDGE OF THE DANGER INVOLVED AND I AGREE TO ACCEPT ANY AND ALL RISKS OF PHYSICAL AND PSYCHOLOGICAL INJURY.

I agree that I, my heirs, legal representatives and assigns: (1) will not make a claim or initiate suit against Prepare for any injury or damage resulting from my participation in the Workshop and (2) will release and discharge Prepare from all claims or demands arising from injury or damage to me caused by my participation in the Workshop.

I promise to defend, indemnify, and hold Prepare harmless from any claims and actions by third parties alleging injury from my use of the techniques learned in the Workshop. I have not requested or received any express warranties as to the effectiveness of the Workshop and Prepare does not make any implied warranties with regard to the fitness of use of the instruction I am about to receive.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PREPARE AND MYSELF AND SIGN IT OF MY OWN FREE WILL.

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

Signature of Parent/Guardian \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_