





Leaders In Training Sports Mentoring Program \* C/o the Urban Affairs Coalition \* 6th Floor \* 1207 Chestnut Street  
Philadelphia, PA 19107 \* Phone: 267.377.3471 \* Fax: 215.851.0514  
\* Email: [eugene.pough@litsports.org](mailto:eugene.pough@litsports.org) \* Website: [www.litsports.org](http://www.litsports.org)

1. What are your hobbies and interests?

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2. Do you participate in any extracurricular activities outside of school (e.g., Boy Scouts, youth programs)? If yes, explain:

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3. What is your career goal or what types of careers interest you?

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4. Do you plan on attending college after you graduate?  Yes  No

4 A. The Armed Forces  Yes  No 4 B. The Workforce  Yes  No

5. What would you like to learn more about or become better at with the help of a mentor?

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### **Favorites:**

What is your favorite...

Food \_\_\_\_\_

Color \_\_\_\_\_

Book \_\_\_\_\_

Movie \_\_\_\_\_

Music Group \_\_\_\_\_

Song \_\_\_\_\_

Person \_\_\_\_\_

### **Match Information:**

Are you available to participate Tueddays (and potentially one Saturday per month?):

Tuesday ( Saturday, Pending, TBA)

Can you participate from 6:00-8:00pm?

Yes  No

What three words best describe you? \_\_\_\_\_



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LIT SPORTS MENTORING PROGRAM  
 @ The West Oak Lane Library: (267) 377-3471

Permissions Form (a)

\_\_\_\_\_ School Records, Report Cards, Health Assessment Release (initial). I give permission for \_\_\_\_\_ (School) to release to LIT SPORTS my child's school records, including report cards, health assessments, and other pertinent information. I understand that these records will be used for evaluating my child and tracking improvements in school throughout the duration of his/her program enrollment. The documentation of my child's health history should be correct and complete; however, if it is not, I will provide further information/documentation is requested.

\_\_\_\_\_ Medical Assistance (initial)  
 In case of an emergency requiring medical attention, I, \_\_\_\_\_,  
 (Print Parent/Guardian Name)  
 Parent/guardian of \_\_\_\_\_, give permission for LIT SPORTS (Print Youth Name) Mentoring Program staff to secure proper medical assistance for my child. As I realize program Staff cannot be responsible for administering medication that is not prescribed, in the event that I cannot be reached during a medical emergency, I give permission to the Physician selected by program staff to secure and administer treatment, including Hospitalization, for my child.

\* Note: If the youth requires this kind of attention, he/she will be unable to attend the program.

\_\_\_\_\_ Photographic Release (initial)  
 I give permission for my child to fully participate in all Mentoring Program activities and special events without restriction, unless otherwise stated. I further give permission for my child to be photographed while participating in program activities, and for the resultant photographs to be appropriately used by LIT SPORTS on its websites, as well as in brochures, newsletters, presentations and other marketing materials developed to promote interest in LIT SPORTS programs/initiatives.  
 Please indicate any conditions/limitations we should be aware of (activities, behavior, medical, etc.):

\_\_\_\_\_  
 \_\_\_\_\_

By signing and dating this form, I acknowledge the foregoing permissions For \_\_\_\_\_ as applicable throughout the duration of (Print Youth Name) \_\_\_\_\_ enrollment in the Mentoring Program at LIT SPORTS. I also understand this form will be photocopied and used for field trips, special activities/events, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Provider Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return Complete Application to LIT Sports Mentoring Program at:  
 The West Oak Lane Library, Attn: Ms. Irene Klemas, C/o LIT Sports Mentoring Program  
 2000 E. Washington Lane, Philadelphia, PA 19138  
 Phone: 267-377-3471**

**LEADERS IN SPORTS MENTORING PROGRAM APPLICATION**