Contact Information

Rising Stars

Summer Program

The Rising Stars program provides a FREE (if qualified) youth summer sports and leadership program for 6 weeks. The program is targeted for youth and families that don't have the financial resources for summer programs.

This program will help keep youth focused on developing their leadership skills through a variety of activities. Sports, team builders, educational workshops, guest speakers, and field trips are just some of the activities and tools we will use to help attendees develop skills and experience personal growth during their time in the program.



Ida Borin

Youth Program Coordinator iborin@cmaalowell.org

Direct: 351-500-6450



Kennis Yin-Mor

Youth Program Assistant Coordinator kennisyin@cmaalowell.org Direct: 351-500-6447



Rising Stars

Summer Program

FUN ACTIVITIES

SUMMER SPORTS LEADERSHIP PROGRAM



SCAN here to see our website

Please send the form and \$25 one-time application fee to:

Cambodian Mutual Assistance Association 465 School Street, Lowell, MA 01851 (Fee Waivers available for families that qualify)



General information

| Child's Name: | | | |
|--------------------------|--|--|--|
| Gender: Date of Birth:// | | | |
| School: Grade: | | | |
| Home Address: | | | |
| | | | |
| Parent or Guardian | | | |
| Name: | | | |
| Relationship: | | | |
| Cell Phone: | | | |
| Address: | | | |
| | | | |
| Emergency Contact Info: | | | |
| Name: | | | |
| Relationship: | | | |
| Cell Phone: | | | |
| Address: | | | |
| Email: | | | |













Medical Information

Does the student take any type of medication or have any medical condition that we should be aware of?

| Yes | No |
|-----|----|
|-----|----|

| If Yes please explain: | |
|------------------------|--|
|------------------------|--|

Student/Guardian Agreement

- 1. I/We certify that information on this application are true and accurate
- 2. I/We authorize the use of still or video photos and audio to be incorporated into materials that promote CMAA's program.
- 3. The director reserves the right to dismiss a student whose physical condition, mental condition, behavior, personal conduct, or influence on other students is deemed detrimental to the program.
- 4.I /We consent to the student participating in the program offered through CMAA After School Program. Permission is also granted to travel on field trips for special programs that are offered through CMAA.
- 5.CMAA is not responsible for any injury or accident that may occur during the listed program or due to the falsification of any information provided on this form.
- 6. I give permission for emergency medical treatment to be administered to my child by qualified medical personnel in the event of an accident or injury.
- 7. My submission does not guarantee a spot. The \$25 application fee will be refunded if my child is not accepted into the program

| Parent/Guardian Signature | Date | |
|---------------------------|------|--|