

# Inclusive Sports and Fitness, Inc. Mentor Application Summer 2025



## Mentor Information

First \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth (must be at least in Middle School) \_\_\_\_\_

Street \_\_\_\_\_

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

Preferred age group you would like to mentor \_\_\_\_\_

**Availability** – check the days of your availability. Sessions run from 12:15-3:30 PM, Monday through Thursday.

### MONDAY

JULY 7   
JULY 14   
JULY 21   
JULY 28   
AUG 4

### TUESDAY

JULY 1   
JULY 8   
JULY 15   
JULY 22   
JULY 29   
AUG 5

### WEDNESDAY

JULY 2   
JULY 9   
JULY 16   
JULY 23   
JULY 30   
AUG 6

### THURSDAY

JULY 3   
JULY 10   
JULY 17   
JULY 24   
JULY 31   
AUG 7

## Contact Information (parent or guardian information if participant is under 18)

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Parent/Guardian Name (2) \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

### Emergency Contact 1

Name \_\_\_\_\_ Relationship to Mentor \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

### Emergency Contact 2

Name \_\_\_\_\_ Relationship to Mentor \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

### ISF Shirts

We are asking that mentors cover the cost of their T-shirts at \$15 per shirt.

<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> PD <input type="checkbox"/> REC'D <input type="checkbox"/> TRAIN ATTND
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Size: Adult/Youth \_\_\_\_\_ S/M/L/XL \_\_\_\_\_ Quantity: \_\_\_\_\_

Allergies  None  As follows: \_\_\_\_\_

Parent Signature \_\_\_\_\_



**CONSENT FOR PARTICIPATION / INFORMED CONSENT WAIVER**

Inclusive Sports and Fitness, Inc., provides a specialized program for children with disabilities. As one might expect, there is some element of risk involved with any physical activity/exercise, intense athletic program, sensory integration, play, and the use of all exercise and athletic equipment. Although the risk is greatly reduced with the use of safety equipment, proper supervision, training, and skilled trainers, there remains the risk of injury during participation in activities. Therefore, it is necessary to get your permission to allow your child to participate in the exercise and training program provided by Inclusive Sports and Fitness, Inc.

I hereby release Inclusive Sports and Fitness, Inc. owners, employees and interns from any liability, claims, demands and causes of action, now or in the future, resulting from soreness or injury however caused, occurring during or after my child’s participation in the exercise and sport training program. In signing this Consent for Participation / Informed Consent Waiver, I hereby affirm that I have fully read the above statements and understand the inherent risks involved with participation in the Inclusive Sports and Fitness, Inc. program and agree/ give permission for my child to participate. I have been informed of risks and complications that may occur and alternatives that may be available. I acknowledge that no guarantees or assurances have been made to me / my child concerning the results intended from the treatment.

If any portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By signing below, I hereby affirm that I have read and fully understand the above statements.

Sign below to acknowledge you have read the above statements.

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Signature (guardian if mentor under 18) Printed Name

Consent to photograph, videotape and/or record me and/or my child(ren) and to use my or my child(ren)’s name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials.

I consent

**Parent Mentor Waiver**

My child is applying to volunteer to serve as a youth mentor at the ISF Youth Program. I hereby relieve ISF, the Bayport-Blue Point School District, and all affiliated staff from any and all liability for sickness, accidents or injuries while attending or being transported to/from the camp facilities and property. I acknowledge all risks and responsibilities associated with volunteering and participating in the summer program.

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Signature Printed Name

Please return completed application and t-shirt payment to:  
Inclusive Sports and Fitness, Inc.  
5004 Veterans Highway  
Holbrook, NY 11741

Questions: contact Andrea Sanseviro at [andy@isfkids.org](mailto:andy@isfkids.org)