



## Supreme Athlete: Sports Mentoring Program

### Our Mission

Supreme Athlete mission is to serve communities by reaching and teaching our youth through academics and athletics. Our work focuses on the academic, social, and athletic development of our youth.

#### ***What is youth mentoring?***

*Mentoring occurs when an older individual engages in building a healthy, trusting relationship with a younger person. Mentors provide support, guidance, friendship, role modeling, assistance, and an attentive ear. Informal (or non-structured) mentoring takes place in all type of youth programs and services. Teachers, coaches, tutors, counselors, scout leaders, other professionals, and even family members all regularly provide mentoring to young people. Such contact may be valuable and it may be “mentoring” but it is not always a “mentoring program.”*

### Our purpose

Our vision is to have a comprehensive sports mentoring program. SA will prepare our youth who compete in state wide competitions as well as national competitions. SA will assist our students’ transition through each level of education from elementary to college and to the professional level. We believe a well-developed youngster will lead itself to a prosperous nation; therefore we invest fully in the cultivating process of our children.

### Our programs include:

- Personal Development – Personal Growth & Development focuses on the overall well-being or life management of the student/athlete. Our staff will cover a wide range of essential elements to the evolution of the student/athlete.
- Athletic Development – Athletic Development is a holistic approach towards achieving the greatest impact of our student/athletes. Each athlete possess a base level skill-set. It isn’t until their Supreme ability is educed from within. Our staff have extensive knowledge in sports science and the overall maintenance of the body which is why we have decided to focus on the most crucial aspects of an athlete development
- Career Competency/Job Readiness Training – The purpose of this program is to partner up with community based organizations to educate youth in Basic Skills, Customer Service, Computer Literacy, Problem Solving and Decision Making, Interpersonal Communications, Personal Qualities, and Job Seeking Skills.

### Target Population/Criteria:

- Student-Athletes (8 – 18) Male/Female
- Must aspire to Attend & Play Sports in College



**Supreme Athlete Mentoring Program**

**Mentee Application**

(To Be Completed by the Parent/Guardian)

**Personal Information**

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent Email: \_\_\_\_\_

Youth's Email (if applicable): \_\_\_\_\_

Relationship to Youth: Mother \_\_\_ Father \_\_\_ Other, specify: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Ethnicity: White: \_\_\_ Hispanic: \_\_\_ African American: \_\_\_ Asian: \_\_\_ Other: \_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Highest level of education completed by parent/guardian:  
\_\_\_\_\_

**Household:**

- Single parent
- Two parent
- Grandparent
- Relative
- Other: \_\_\_\_\_

**Medical History**

Name of Primary Care Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? Is so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications?  
If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: \_\_\_\_\_

**Please read this carefully before signing**

Supreme Athlete Mentoring Program appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the Supreme Athlete Mentoring Program.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

**Please initial each of the following**

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Supreme Athlete Mentoring Program and its related activities.

\_\_\_\_\_ I agree to have my child follow all mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

\_\_\_\_\_ I hereby acknowledge that my child will be transported by his/her mentor and/or Supreme Athlete staff or representatives while participating in the Supreme Athlete Mentoring Program, and that such transportation is voluntary and at his/her own risk.

\_\_\_\_\_ I release the Supreme Athlete Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Supreme Athlete mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

\_\_\_\_\_ I agree to allow Supreme Athlete to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Contact and Information Release Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

---

Parent/Guardian Signature

Date



**Supreme Athlete Mentoring Program**

**Contact and Information Release (FERPA)**  
(To Be Completed by the Parent/Guardian)

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

I hereby grant permission for Supreme Athlete Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. Supreme Athlete may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize Supreme Athlete to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

\_\_\_\_\_  
Parent/Guardian Signature Date

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

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

Supreme Being Inc.  
SupremeBeingInc@gmail.com  
P.O Box 271 Hartford, CT 06141



## Supreme Athlete Mentoring Program

### Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help Supreme Athlete Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentor? Please check all that apply.

Weekdays: \_\_\_ Weekends: \_\_\_ Mornings: \_\_\_ Afternoon: \_\_\_ Evenings: \_\_\_

Who is your role model, and why?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

Who is your favorite athlete, and why?

Which college are you most interested in attending, and why?

How did you hear about SA?

- SA Student
- School Referral
- Social Media
- SA Parent Referral
- Website
- SA Event (please name event: \_\_\_\_\_)

Explain why you would like to join Supreme Athlete?



## Supreme Athlete Mentoring Program

### Parent/Guardian Contract

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

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

By allowing my son/daughter to participate in the Supreme Athlete Mentoring Program, I agree to:

- Allow my child to participate in the Supreme Athlete Mentoring Program and to be matched with a Supreme Athlete mentor
- Follow and encourage my child to follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- Support my child in this match by allowing him to meet with his mentor at least eight hours per month and have weekly contact with him/her for one year
- Support my child being on time for scheduled meetings or have him/her call the mentor at least 24 hours beforehand if unable to make a meeting
- Regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator if I observe any difficulties or have areas of concern that may arise in the match relationship
- I will have my child download and print off the student athlete handbook from online
- Ensure my child adhere to attending at least 50% of programming days or risk losing roster slot with NO REFUND due to dismissal
- Notify the program coordinator if I have any changes in address or phone number
- Provide the program coordinator and the mentor with any updated health insurance information for my child
- Pay a late fee of \$15 if I' am late picking up my child from the program
- Make payment on-time consistently (if applicable)

\_\_\_\_\_ (please initial) I understand that upon match closure, future contact between my child and his/her mentor is beyond the scope of the Supreme Athlete mentoring program, and can happen only by the mutual consensus of the mentor, the mentee, and myself.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

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



**Supreme Athlete Mentoring Program  
Mentee Contract**

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

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

By choosing to participate in the Supreme Athlete Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- Have a positive attitude and be respectful of my mentor
- Make a 3 month commitment to being matched with my mentor (if applicable)
- Meet at least four hours per month with my mentor
- Make at least weekly contact with my mentor
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentor at least 24 hours beforehand if I am unable to make a meeting
- Discuss monthly meeting times and activities with the program coordinator, and regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator of any difficulties or areas of concern that may arise in the relationship
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address or phone number
- Attend mentee training sessions twice per year

\_\_\_\_\_ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of the Supreme Athlete Mentoring Program and can happen only by the mutual consensus of the mentor, the mentee, and my parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

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