



# SCORES Student Registration Form 2011-2012

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

## A. STUDENT INFORMATION

Child's Last Name	_____	First Name	_____	Grade	_____	Teacher's Name	_____
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Home Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex: M  F

Mother (Guardian) \_\_\_\_\_ Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Father (Guardian) \_\_\_\_\_ Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Email Address (es) \_\_\_\_\_

### ADDITIONAL EMERGENCY CONTACTS

Name	_____	Relationship	_____
Address	_____	Phone #	_____
Name	_____	Relationship	_____
Address	_____	Phone #	_____

### MEDICAL INFORMATION

Doctor	_____	Phone #	_____
Dentist	_____	Phone #	_____
Do you have health insurance or health coverage for your child?		Yes <input type="checkbox"/> No <input type="checkbox"/> (health insurance is not required)	
Primary Medical Insurance Company	_____	Insurance Policy #	_____
Please list any known allergies, restrictions, or pertinent medical information:			
Please list any special needs or learning disabilities:			

### SCORES STUDENT PROFILE : Home Language (Select only one option)

### English Fluency

<input type="radio"/> English	<input type="radio"/> Spanish	<input type="radio"/> Cantonese	<input type="radio"/> Vietnamese	<input type="radio"/> Fluent
<input type="radio"/> Mandarin	<input type="radio"/> Tagalog	<input type="radio"/> Russian	<input type="radio"/> Arabic	<input type="radio"/> Somewhat Fluent
<input type="radio"/> Khmer/Cambodian	<input type="radio"/> Korean	<input type="radio"/> Japanese	<input type="radio"/> Laotian	<input type="radio"/> Not Fluent
<input type="radio"/> Samoan	<input type="radio"/> American Sign Language	<input type="radio"/> Specify Other _____		

### Race / Ethnicity (Select only one option)

<input type="radio"/> African American	<input type="radio"/> Asian- Thai	<input type="radio"/> Hispanic/Latino- Other (specify)	<input type="radio"/> Pacific Islander- Hawaiian
<input type="radio"/> Other Black (specify)	<input type="radio"/> Asian- Vietnamese	<input type="radio"/> Middle Eastern- Arab	<input type="radio"/> Pacific Islander- Tongan
<input type="radio"/> Asian- Chinese	<input type="radio"/> Asian- Other (specify)	<input type="radio"/> Middle Eastern- Iranian	<input type="radio"/> Pacific Islander- Samoan
<input type="radio"/> Asian- Filipino	<input type="radio"/> Hispanic / Latino- Mexican/Mexican American	<input type="radio"/> Middle Eastern- Other (specify)	<input type="radio"/> Pacific Islander- Other (specify)
<input type="radio"/> Asian- Indian	<input type="radio"/> Hispanic / Latino- Central American	<input type="radio"/> Native American	<input type="radio"/> White / European American
<input type="radio"/> Asian- Japanese	<input type="radio"/> Hispanic / Latino- South American	<input type="radio"/> Native Alaskan	<input type="radio"/> Multiracial / Multiethnic
<input type="radio"/> Asian- Korean	<input type="radio"/> Hispanic / Latino- Caribbean	<input type="radio"/> Pacific Islander- Guamanian	<input type="radio"/> Other (specify)
<input type="radio"/> Declined to state			



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## B. SCORES PERMISSION AND RELEASE WAIVER REQUIRED

As the parent or legal guardian of this child \_\_\_\_\_, I give permission for him/her to participate in the America SCORES Bay Area (hereinafter referred to as "SCORES") program at \_\_\_\_\_ School for the 2011-2012 school year. I understand that this permission slip includes my permission for my child to participate in all SCORES activities, including soccer practices, weight and fitness assessment, writing workshops, home and away games as well as all special events where transportation is provided by parent volunteers and/or arranged by SCORES on-site School Manager, including but not restricted to: Fall Frenzy, Poetry Slam!, Shout!, and Jamboree!. I understand that SCORES assumes no responsibility for seeing to it that the above-named minor reports to activities at the SCORES sponsored program, and I, on my own behalf and on behalf of this minor, waive all claims for any liability arising or actions occurring before the minor has reported to SCORES and after the minor leaves SCORES activities. I give SCORES permission to collect my child's grades, attendance, test information and other performance information from his/her school and school district. I understand that this information will be used solely for evaluation purposes and will only be included in reports in aggregate form.

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of SCORES and its affiliated organizations and sponsors. My child has received a physical examination and has been found physically capable of participating in the Program. Recognizing the possibility of physical injury associated with soccer and in consideration for SCORES accepting the registrant for its soccer programs and activities (the "Programs"), I assume all risks and hazards incidental to athletic participation and hereby release, discharge and/or otherwise indemnify SCORES, its officers, directors, coaches, sponsors, volunteers, and agents, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

### CONSENT FOR MEDICAL TREATMENT OF MINOR

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I also assume financial responsibility for any medical treatment for my child.

### MEDIA RELEASE FORM

I give my consent to the photographing, recording, and broadcast of my child's voice and likeness, performance and/or talents and any material as part of television, film, radio, still photograph, online media, or CATV program (referred to below as the "Programs"). I also consent to the use of my child's written work in SCORES, America SCORES, or other media publications. I acknowledge that SCORES is the sole owner of all rights in and to the Programs and the photographs, video footage, recording thereof, and written work, for all purposes, and that they have the right, among other things, to broadcast the Programs one or more times over any station or CATV system, or provide any other distribution of the Programs. I understand that my child and I shall receive no compensation for his/her appearance on and participation in the Programs. My child's name, likeness, or written work may be used in advertising and promotional material for the Program, but not as an endorsement of any product. As parent/guardian of registrant, I/we hereby assign to America SCORES all rights, including copyright, in any works created in whole or part by the registrant while participating in the Program.

\_\_\_\_\_  
Parent / Legal Guardian Signature

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

\_\_\_\_\_  
Date

## C. SCORES TRANSPORTATION PLAN & CONSENT REQUIRED

- A. I understand that my child will arrive at the SCORES program by walking to the designated classroom/location at the dismissal of school.
- B. My child will get home after the program each day in the following manner:  
 \_\_\_\_\_ Parent Pick-Up \_\_\_\_\_ Supervised Walk \_\_\_\_\_ Unsupervised Walk \_\_\_\_\_ Other: please describe \_\_\_\_\_
- C. I understand that transportation to special events which include weekly game days, Saturday games, and special events (Fall Frenzy, Poetry Slam, Shout & Jamboree) will be arranged by myself, parent volunteers, School Manager, Coaching Staff and in some cases bus transportation may be provided by America SCORES Bay Area. In this event, permission slips will be distributed with detailed event information.
- D. I understand I am responsible for my child once s/he leaves the SCORES program.

\_\_\_\_\_  
Parent / Legal Guardian Signature

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

\_\_\_\_\_  
Date

## D. PARENT VOLUNTEER INFORMATION OPTIONAL

YES! Please contact me about volunteer opportunities with America SCORES Bay Area!

Name / Relationship	Days/Times Available
<input type="checkbox"/> I can help bring healthy snacks / drinks to games.	<input type="checkbox"/> I can help on the soccer field during practice.
<input type="checkbox"/> I can help provide transportation to games.	<input type="checkbox"/> I can help set up/take down field at games.
<input type="checkbox"/> I can help in the classroom during writing workshops.	<input type="checkbox"/> I can help wash team jerseys and shorts