



WELCOME TO THE DC SCORES FAMILY!

August 2011

What is DC SCORES?

The SCORES concept is simple: linking literacy to soccer creates an exciting tool for young people to develop healthy minds and bodies. DC SCORES works with 800 youth in 27 elementary and middle schools.

How does my student enroll?

- Turn in the DC SCORES **registration form** to the DC SCORES coaches at your student's school along with a registration fee of \$10.00.

What is the weekly schedule?

- DC SCORES begins the week of September 12
- Monday-Friday from 3:30-5:00
- Thursday is game day

What will my student receive?

- Academic, poetry, and soccer instruction
- A DC SCORES journal and soccer uniform

What should I attend?

- Weekly Thursday Games - First Game Day is September 29
- Fall Frenzy - October 22
- Poetry Slam! - November 30 & December 1
- Like DC SCORES on facebook

Who do I call if I have more questions:

- See Coach _____ or
Coach _____
at your student's school

- Call DC SCORES—Mr. Cory at (202) 393-6999 x302
- Check out our website at www.dcscores.org (resource section)





DC SCORES

Registration Form

Please be sure all parts of this form are complete to prevent any delays in processing your child's registration

PERMISSION WAIVER

As the parent or legal guardian of this minor child _____, I give permission for him/her to participate in the DC SCORES (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, writing workshops and home and away games as well as all special events where transportation is provided by 3-L, Steve's Bus Service, AAA Transportation, 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. 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.

RELEASE

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

In the event of a medical necessity or emergency, I hereby authorize the adult representative of SCORES to make any necessary arrangements for the proper medical or surgical care of the above named child, and to give the required consents in connection therewith. I further authorize any medical, dental and/or emergency personnel selected by such adult representative to secure and provide necessary and proper medical treatment for the care of my child. I also give consent for my child to be transported by ambulance to an emergency center for treatment. I understand that I will be notified as soon as possible in the event that an emergency arises requiring medical assistance and I assume all financial responsibility for any medical treatment (including transportation) 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, 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.

PLEASE FLIP OVER

D.C. STODDERT SOCCER LEAGUE, INC.

P.O. Box 39107, Washington DC 20016

DC SCORES Division

VISIT OUR WEBSITES AT: WWW.STODDERT.COM ; WWW.DCScores.ORG

MEDICAL RELEASE FORM SCHOOL YEAR 2011-2012

Youth Information

Child's Name _____ Sex ____ M ____ F Date of Birth ____/____/____

Phone # _____ email _____ School Name _____ Grade _____

Race/Ethnicity Asian/Pacific Islander Black/African American Hispanic White Other: _____

Is your child new to DC SCORES? Yes ____ No ____

If no, where did your child participate in DC SCORES? _____

Parent/Guardian Information

Would you be interested in volunteering for special events? yes no

Guardian 1 _____ Relation _____ Primary Language _____

Phone (c) _____ (w) _____ (h) _____ email _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Guardian 2 _____ Relation _____ Primary Language _____

Phone (c) _____ (w) _____ (h) _____ email _____

Emergency Information

Emergency Contact (other than guardian) _____ Relation _____ Primary Language _____

Phone (c) _____ (h) _____ (w) _____ email _____

Any known allergies/medical conditions of the child? _____

Does your child have Medical Insurance? yes no If yes, what is the Insurance Company?

Please check one:

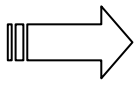
Chartered Health Plan Health Right Kaiser Permanente Blue Cross and Blue Shield

other _____ none

Policy Number _____

Is your child permitted to walk home alone? yes no

Is there anyone who should not pick up your child? _____



SIGN HERE

Parent/Legal Guardian Signature

Parent/Legal Guardian Name (PLEASE PRINT)

Date

Student Participant Signature