



*This box to be completed by SCORES liaison*

**School Name:** \_\_\_\_\_  
**Student CMSD ID#** \_\_\_\_\_

## Student Registration Form 2019 – 2020 School Year

*All boxes must be completed in order for your child to be eligible to participate in the SCORES Program.*

| STUDENT INFORMATION (REQUIRED)      |     |   |  |       |  |        |  |
|-------------------------------------|-----|---|--|-------|--|--------|--|
| Child's First Name                  |     | Child's Last Name   |  | Grade |  | Gender | M <input type="checkbox"/><br>F <input type="checkbox"/> |
| Address                             |     | Apt. #  |  | City  |  | State  |  |
| Child's Date of Birth               | / / | Child's Race/Ethnicity  | <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian (white, non-Hispanic)<br><input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Multiracial <input type="checkbox"/> Other (Specify: _____) |       |  |        |  |
| Check all that apply to your child: |     | <input type="checkbox"/> First time in SCORES <input type="checkbox"/> English Language Learner Status <input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> Foster Care |  |       |  |        |  |

| STUDENT'S MEDICAL INFORMATION (REQUIRED)                           |   |                             |  |
|--|---|-----------------------------|--|
| Do you have health insurance for your child?                       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | Medical Insurance Company:  |  |
| Doctor to Notify in Case of Emergency:                             |   | Doctor's Phone #:           |  |
| Does your child have any known allergies?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No  | To what? (Food, bees, etc.) |  |
| Does your child have any of the following? (Check all that apply.) | <input type="checkbox"/> Asthma <input type="checkbox"/> Convulsions/Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Corrective Device<br><input type="checkbox"/> Other (Please list <b>all</b> other medical concerns and/ or medications that SCORES should be aware of: |                             |  |

| PARENT/GUARDIAN INFORMATION (Person to notify in case of emergency) |   |                                   |  |                |   |       |  |
|---|---|-----------------------------------|--|----------------|---|-------|--|
| Relationship to Youth:  | <input type="checkbox"/> Mother/Father <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (Specify: _____) | Gender                            | M <input type="checkbox"/><br>F <input type="checkbox"/>   |                |   |       |  |
| First Name  |   | Last Name                         |  | Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Separated <input type="checkbox"/> Divorced<br><input type="checkbox"/> Other: (_____) |       |  |
| Primary Phone   |   | Other Phone                       |  | Email          | @   |       |  |
| Address   | <i>(If different from child)</i>  | Apt. #                            |  | City           |   | State |  |
| Date of Birth   | / /   | Race/Ethnicity                    | <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian (white, non-Hispanic)<br><input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial <input type="checkbox"/> Multiracial <input type="checkbox"/> Other (Specify: _____)   |                |   |       |  |
| Employment Status   | <input type="checkbox"/> Employed<br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Disabled   | Highest Education Level Completed | <input type="checkbox"/> Did not complete high school <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED<br><input type="checkbox"/> Some college <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree<br><input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD |                |   |       |  |

*Application Continued on Back...*

**EMERGENCY CONTACTS (Person(s) to notify in case of emergency if parent/guardian CANNOT be reached)**

|       |  |          |  |                        |  |
|-------|--|----------|--|------------------------|--|
| Name: |  | Phone #: |  | Relationship to Youth: |  |
| Name: |  | Phone #: |  | Relationship to Youth: |  |

**HOUSEHOLD INFORMATION**

|                       |  |                  |  |  |  |   |
|-----------------------|--|------------------|--|--|--|---|
| # Living in Household |  | Household Income | <input type="checkbox"/> Less than \$10K | <input type="checkbox"/> \$10K - \$16K | <input type="checkbox"/> \$16K - \$25K   | <input type="checkbox"/> \$25K - \$35K        |
|                       |  |                  | <input type="checkbox"/> \$35K - \$45K   | <input type="checkbox"/> \$45K - \$75K | <input type="checkbox"/> More than \$75K | <input type="checkbox"/> prefer not to answer |

**TRANSPORTATION PLAN & CONSENT**

I understand that my child will remain at his/her school for SCORES Programming at the end of the regular school day. My child has permission to get home after the program each day in the following manner: *(Check all that apply)*

- 1) Parent Pick-Up
- 2) Walk home **without** an adult
- 3) Pick-up by **adult (NOT parent/ guardian)** Who? \_\_\_\_\_

My child **may not** be picked up by the following individuals *(if applicable)*:

**PROGRAM CONTACTS**

If you have any questions or concerns about this form or the America SCORES Cleveland program, please contact:

SCORES office: 216.881.7988; website: [www.americascoroscleveland.org](http://www.americascoroscleveland.org)

Claire Holzheimer, *Program and Evaluation Director*; email: [cholzheimer@americascoroscleveland.org](mailto:cholzheimer@americascoroscleveland.org)

Josiah Quarles, *Program Coordinator*; email: [jquarles@americascoroscleveland.org](mailto:jquarles@americascoroscleveland.org)

Brittney Rzucidlo, *Program and Communications Manager*; email: [brzucidlo@americascoroscleveland.org](mailto:brzucidlo@americascoroscleveland.org)

Matthew Williams, *Soccer Director*; email: [mwilliams@americascoroscleveland.org](mailto:mwilliams@americascoroscleveland.org)

## SCORES PERMISSION & RELEASE WAIVER (REQUIRED)

As the parent or legal guardian of this minor child \_\_\_\_\_, I give permission for him/her to participate in the America SCORES Cleveland (hereinafter referred to as "SCORES") program for the 2019 - 2020 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 and any provided transportation, including but not restricted to: Fall Frenzy, Poetry Slam, 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 that arises 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. By signing I understand that I will be signed up for the Groupme App, which will be used to communicate necessary information about America SCORES Cleveland programming. I understand that I am able to opt out at any time.

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 SCORES and its affiliated organizations and sponsors for 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, online, photography and video, (referred to below as the "Programs"). I also consent to the use of my child's written work in SCORES, its affiliated organizations and sponsors, 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.

### CONCUSSION

By signing this form, as the parent/guardian of the child named below, I acknowledge going to this website (<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/child-injury-prevention/media/concussion-information-sheet-youth-sports-organizations>) & reviewing the Ohio Department of Health Concussion Information Sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code. I understand concussions and other head injuries have serious and possibly long-lasting effects. By reading the information sheet online, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my child's doctor. I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my child from further participation in athletic programs until my child has been cleared to return by a physician or other appropriate health care professional.

### SUDDEN CARDIAC ARREST and LINDSAY'S LAW

By signing this form, as the parent/guardian of the child named below, I acknowledge going to this website (<http://bit.ly/ODHcardiac>) & reviewing the Sudden Cardiac Arrest and Lindsay's Law Information for the Youth Athlete and Parent/Guardian. By reading the information sheet online, I understand what SCA is, what the warning signs and symptoms are, and what steps to take if my child shows signs/symptoms of SCA. I also understand that a physician would need to evaluate my child and give clearance for my child to return to the program.

\_\_\_\_\_  
Student Name (PRINT)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

(please sign in PEN)