

Please return to your teacher on or before Wednesday, August 18, 2004.

School _____ Teacher _____ Grade _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ - _____ Birthdate: ____/____/____ Male ____ Female ____
month day year

Father's Name: _____ Home Phone: (____) _____ - _____ Work or Cell Phone: (____) _____ - _____

Mother's Name: _____ Home Phone: (____) _____ - _____ Work or Cell Phone: (____) _____ - _____

Person to Notify in Emergency: _____ Telephone Number: (____) _____ - _____

Relationship to child: _____

Doctor to Notify in Emergency: _____ Telephone Number: (____) _____ - _____

Dentist to Notify in Emergency: _____ Telephone Number: (____) _____ - _____

Primary Medical Insurance Company: _____ Policy Number: _____

Known allergies or **other pertinent medical information:** _____

How much organized exercise (team sports, biking, walking, swimming, skateboarding, roller skating, etc.) does your child get each week when he/she is NOT in the SCORES program? (circle one)

- 0-1 hours per week
- 1-2 hours per week
- 2-3 hours per week
- 3 or more hours per week

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 child _____, I give permission for him/her to participate in the Denver SCORES program at _____ Elementary School for the 2004-2005 school year. I understand that this permission slip includes my permission for my child to participate in all after-school activities, including soccer practices, writing workshops and home and away games as well as all special events where transportation is provided by Denver Public Schools, including but not restricted to: Fall Frenzy, Poetry Slam!, Shout!, and Jamboree!. I assume all risks and hazards incidental to athletic participation, including risk of serious injury, and do hereby release and waive all claims against Denver SCORES, its officers, directors, coaches, sponsors, volunteers, and other participants. I further grant permission for emergency first aid to be given in case of injury.

I understand that Denver SCORES assumes no responsibility for seeing to it that the above-named minor reports to activities at the Denver 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 Denver SCORES.

Recognizing the possibility of physical injury associated with soccer in consideration for Denver SCORES accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify Denver SCORES, its employees, sponsors, Board of Directors, and associated personnel, including the owners of fields and facilities (Denver Public Schools and the Department of Parks and Recreation) utilized for the Program, against any claims by or on behalf of the registrant's participation and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination and has been found physically capable of participating in the Program.

Therefore, I grant the Denver SCORES' writing and soccer coaches permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume financial responsibility for any medical treatment for my child.

RELEASE

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Denver SCORES and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Denver SCORES accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Denver SCORES, 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.

MEDIA RELEASE FORM

I _____ (child's name) consent to the photographing, recording, and broadcast of my 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 written work in Denver SCORES, America SCORES, or other media publications.

I acknowledge that Denver 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 I shall receive no compensation for my appearance on and participation in the Programs. My name, likeness, or written work may be used in advertising and promotional material for the Program, but not as an endorsement of any product.

Parent/Legal Guardian Signature

Parent/Legal Guardian (PLEASE PRINT)

Child's Signature

DATE