



PROGRAM PARTICIPANT REGISTRATION FORM

For Administrative Use Only:

- Future Leaders I (1st-3rd grades)
- Future Leaders II (4th-5th grades)
- Junior Leaders (6th-8th grades)
- Senior Leaders (9th-12th grades)

Participant Information

Name: _____
Last First M.I.

Address: _____
Street Address City State Zip

School: _____ **Date of Birth:** _____ **Gender:** Female Male
Name Grade Month-Day-Year

Name of the Soccer Club participant plays for: Feltonville SC Anderson Monarchs Germantown SC Chester United
 None Other _____

Please check off if participant: Lives in a single parent home Qualifies for free or reduced priced lunches at school

Ethnicity (check all that apply): African American/Black American Indian/Alaska Native Asian Caucasian/White
 Hispanic/Latino Native Hawaiian/Pacific Islander Other _____

Country Born In: _____ **Language Spoken at Home:** _____

Participant Medical Information

Please check all that apply: has allergies takes medication can't eat specific foods medical condition serious injury

Explain if checked any above _____

Parent/Guardian/Emergency Contact Information

1. Name: _____
Last First Relationship to Participant

Phone: _____ **Email:** _____
Home Cell

2. Name: _____
Last First Relationship to Participant

Phone: _____ **Email:** _____
Home Cell

Parent/Guardian Release Form

Please initial each item below to indicate your approval:

I grant Starfinder permission to photograph and video my child for marketing, advertising and promotional reasons. I understand that these photographs and videos may be displayed on the Starfinder website, in newsletters, and attached to other forms of communication in order to demonstrate Starfinder programs: _____

I grant Starfinder permission to collect a copy of my child's report card from his/her school, school district or self. I understand that this information will be used solely for tracking academic progress and program evaluation purposes. My child's identity shall be kept completely confidential when reporting participant progress: _____

I grant Starfinder (or certified third party professional) permission to take measurements of my child's height, weight, and heart rate throughout the program to determine fitness progress and program evaluation. My child's identity shall be kept completely confidential when reporting participant progress: _____

I grant Starfinder permission to periodically survey my child about his/her attitudes, behaviors, and knowledge for feedback and program evaluation purposes. My child's identity shall be kept completely confidential when reporting participant progress: _____

Please sign your full name below to indicate your approval:

I grant my child permission to participate in the Starfinder program and can demonstrate that my child is without any physical conditions that would limit my child from engaging in physical activities.

Parent/Guardian Signature: _____ Date: _____