



School Name:
Student CMSD ID #:

Student Registration Form 2025-2026

All lines must be completed in order for your child to be eligible to participate in the SCORES program

STUDENT'S INFORMATION (REQUIRED):

Child's First Name: _____ Child's Last Name : _____

School Name: _____ Grade: _____ Gender (Circle One): Male | Female

Child's Preferred Pronouns: _____ Child's Date of Birth: ___/___/___

Address: _____ Apt # _____ City: _____ State: ___ Zip Code: _____

Circle all that apply to your child:

First time in SCORES | English Language Learners Status | IEP | 504 Plan | Foster Care

Childs Shirt Size (Circle One):

youth small(YS) | youth medium(YM) | youth large(YL) | adult small(AS) | adult medium(AM) | adult large(AL)

Child's Race/Ethnicity (Circle all that apply):

African American | Hispanic or Latino | Caucasian (White) | American Indian/Alaskan Native
 Asian | Native Hawaiian/Pacific Islander | Prefer not to answer | Other (Specify) _____

STUDENT'S MEDICAL INFORMATION (REQUIRED):

Do you have health insurance for your child?: Yes | No

Medical Insurance Company: _____ Policy/Group Number: _____

Doctor to notify in case of emergency: _____ Doctor's Phone # _____

Please list all your child's allergies: _____

Does your child have any of the following (Circle all that apply):

Asthma | Convulsion/Seizures | Diabetes | Corrective Devices

Other (Please list other medical concerns/medications SCORES should be aware of):

If you have any questions or concerns about this registration form or the America SCORES Cleveland program please contact our office at: 216-881-7988 or program@americascoroscleveland.org

PARENT/GUARDIAN INFORMATION:

First Name: _____ **Last Name:** _____ **Gender (Circle One):** Male | Female

Relationship to Youth (Circle One):

Mother | Father | Grandparent | Other: _____

Marital Status (Circle One): Single | Married | Separated | Other: _____

Phone Number: _____ **Email:** _____

Address: _____ **Apt #** _____ **City:** _____ **State:** _____ **Zip Code:** _____

Date of Birth: ____/____/____

Race/Ethnicity (Circle):

African American | Hispanic or Latino | Caucasian (White) | American Indian/Alaskan Native

Asian | Native Hawaiian/Pacific Islander | Prefer not to answer | Other _____

Employment Status (Circle One): Employed | Unemployed | Disabled

Highest level of Education (Circle):

Did not complete High School | High School Diploma or GED | Some College | Associate Degree

Bachelor's Degree | Master's Degree | PhD

EMERGENCY CONTACT (Person to contact if caregiver cannot be reached):

Additional Parent/Guardian

First Name: _____ **Last Name:** _____ **Gender (Circle One):** Male | Female

Relationship to Youth: _____

Phone Number: _____ **Email:** _____

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HOUSEHOLD INFORMATION

Number of people living in the household: _____

Household Income (Circle One):

Less than \$10K | \$10K - \$16K | \$16K-\$25K | \$25K - \$35K | \$35K - \$45K | \$45K - \$75K

More than \$75K | Prefer not to answer

TRANSPORTATION PLAN (Afterschool):

I understand that my child will remain at the school to participate in the SCORES program after the regular school day has ended. My child has permission to get home after the program each day in the following manner (Check all that apply):

- Parent/Caregiver Pick up
- Walk home **without** an adult
- Pick up by **adult (NOT parent/guardian)**

Name: _____

Phone Number: _____

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

TRANSPORTATION PLAN (Soccer Game Days):

I understand that my child could be playing weekly games that are not located on my child's school grounds and that games go past the normal program time. My child has permission to get home after game days each week in the following manner (Check all that apply):

- Parent/Caregiver Pick up (from the game site)
- Walk home from the game site **without** an adult
- Pick up at the game site by an adult **(NOT parent/guardian)**

Name: _____

Phone Number: _____

- My child can ride back to the school with another teammate's caregiver/adult (the plan above will be followed once back at the school). I understand that I will be informed of the game locations via LeagueApps and the game schedule sent home. If changes are made to the schedule notifications will be sent via LeagueApps and phone calls. I also recognize that coaches are not allowed to take children in their cars, unless the child is a relative of the coach.

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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 2025-2026. 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.

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 representatives 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 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-or-ganizations>) & 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)
(please sign in PEN)

Parent/Guardian Signature

Date