



2009-2010 Senior Leadership Program

REGISTRATION FORM

(Please Print)

Today's date:				
PARTICIPANT INFORMATION				
Participant's First name:		Last:		Middle:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:	Birth date: / /	Age:
School Name:			School Grade:	
Home address:			Home Phone Number: ()	
City:			State:	ZIP Code:
Does participant live in a single parent home? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does participant qualify for free or reduced priced lunches at School? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Ethnicity (check all that apply)				
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other	If Other, please specify:		
Nationality (Country of Origin):			Primary Language Spoken:	

PARENT/GUARDIAN INFORMATION				
Parent/Guardian (1) First name:		Last:		Middle:
			<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Home address (if different from above):		Home Phone Number: ()		Cell Phone Number: ()
City:			State:	ZIP Code:
Email:			Work Phone Number: ()	
Relationship to Participant: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian <input type="checkbox"/> Godparent <input type="checkbox"/> Other: _____				
Parent/Guardian (2) First name:		Last:		Middle:
			<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Home address (if different from above):		Home Phone Number: ()		Cell Phone Number: ()
City:			State:	ZIP Code:
Email:			Work Phone Number: ()	
Relationship to Participant: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian <input type="checkbox"/> Godparent <input type="checkbox"/> Other: _____				



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PARTICIPANT MEDICAL INFORMATION			
Primary Doctor's Name:	Primary Doctor's Phone Number: ()	Dentist's Name:	Dentist's Phone Number: ()
Is participant covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate insurance carrier:		Group no.:	Policy no.:
Does participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:		
Is participant on any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:		
Does participant have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:		
Does participant have any chronic or recurring medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:		
Has participant had any operations or serious injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:		

IN CASE OF EMERGENCY (OTHER THAN PARENT/GUARDIAN)			
Emergency Contact First name:	Last:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Home Phone Number: ()	Cell Phone Number: ()		
Relationship to Participant: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian <input type="checkbox"/> Godparent <input type="checkbox"/> Other: _____			

DISCLAIMER

I give permission for the above-named minor to participate in the Starfinder program, which includes permission for the minor to participate in all Starfinder activities. I give Starfinder permission to collect the minor'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. I understand that Starfinder assumes no responsibility for ensuring that the above-named minor reports to activities at the Starfinder program. The above-named minor and I agree to follow all the rules and requirements of the Starfinder program. We acknowledge that Starfinder has the right to terminate the above-named minor's participation in the Starfinder program if it is determined that the minor's conduct is detrimental to the best interests of the group, violates any rules of the Starfinder program, or for any other reason in Starfinder's discretion.

We understand that as a participant in the Starfinder program, the above-named minor will engage in physical activities (including, but not limited to, practicing, training, competing in Starfinder events), during which the minor could sustain serious personal injuries, illness, property damage, or even death as a consequence of not only Starfinder's actions or inactions but also the actions, inactions, negligence or fault of others, conditions of the equipment used, facility conditions, weather conditions, negligent first aid operations and procedures, and other risks not reasonably foreseeable at this time. We further understand that as a participant in the Starfinder program, the above-named minor may ride transportation provided by Starfinder and that accidents or property damage may occur during such transportation activities. I understand that as the minor's parent or legal guardian it is my responsibility to ensure that the minor is sufficiently healthy to safely participate in the Starfinder program. I and the above-named minor understand and acknowledge the dangers and risks associated with participation in this sports-related program (including all risks involved with transportation provided by Starfinder) and acknowledge responsibility for the minor's health, and voluntarily assume all risks of sickness, injury, death, or other loss that might be sustained as a result of participation in the Starfinder program. In case of a medical emergency, I hereby authorize Starfinder to make any necessary arrangements for the above-named minor's proper medical or surgical care.

I give consent to the photographing, recording, and broadcasting of the voice and likeness, performance and/or talents and any written material of the above-named minor, as part of television, film, radio, still photograph or web-based media. I also consent to the use of the minor's written work in Starfinder publications and/or other media publications. I acknowledge that Starfinder is the sole owner of all rights to the photographs, video footage, recording thereof, and written work, for all purposes, and that Starfinder has the right, to use in advertising and promotional materials.

The information provided in this registration form is true to the best of my knowledge.

Patient/Guardian signature

Date