

CPS SCORE Program Student Information Form

Student Information

Student Name: _____

Student ID: _____

School Name: _____

Date of Birth: _____ Current Age: _____

Grade Level: _____ Gender (Circle one): Male Female

Address: _____

Medical Documentation

In order to participate in the CPS SCORE program, students must meet the district's Physical Examination requirement. The requirement is that a Physical Examination must be completed within one year prior to entry to:

- Preschool and kindergarten (physical exam and lead screening through age 6)
- 6th grade and 9th grade (ages 5, 11, 15 for un-graded programs)
- Any student entering CPS for the first time

Please indicate any medical conditions or allergies staff should be aware of during program activities:

Parent/Guardian and Emergency Contact Information

Parent/Guardian Name (Primary Contact): _____

Relationship: _____ Phone Number: _____

Email: _____

Secondary Contact Name: _____

Relationship: _____ Phone Number: _____

Email: _____

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Athletic History

Has the student played sports at a CPS school prior to this season? Yes No

What is the student's approximate skill level for **Soccer** for her age?

Beginner (little to no experience) Intermediate (some experience) Advanced (organized experience)

What is the student's approximate skill level for **Track and Field** for his/her age?

Beginner (little to no experience) Intermediate (some experience) Advanced (organized experience)

Please list any in school or out of school experiences the student has had playing soccer and/or participating in Track and Field:

Student T-Shirt Size

Please select one of the following:

- Youth Small Youth Medium Youth Large Youth Extra Large
 Adult Small Adult Medium Adult Large Adult Extra Large Adult Extra Extra Large



CPS SCORE Program Consent and Release Form

I give my permission for _____ print student name _____ to participate in the CPS SCORE program. I understand and accept all risks inherent in participating in an CPS SCORE program.

I release, relieve, discharge, and hold harmless the Board of Education of the City of Chicago (Board), its officers, Board members, employees, agents and representatives, from any and all liability or claim of liability, whether for personal injury, property damage, or otherwise, arising out of or in connection with the CPS SCORE program.

I further release, relieve, discharge, indemnify and hold harmless the Chicago Park District, its officers, Board members, employees, agents and representatives, from any and all liability or claim of liability, whether for personal injury, property damage, or otherwise, arising out of or in connection with the CPS SCORE program

I authorize program personnel, including Board employees, Chicago Park District staff, volunteers, or chaperones to act for me in any emergency, accident or illness involving my child. I further agree that the Board and its employees, volunteers, chaperones, program personnel, as well as the Chicago Park District and its employees, are released from any and all liability or claims for taking such action.

I assume full responsibility to provide adult supervision during my child's walk to commute to and from the conference participation site.

I assume full responsibility for the actions of my student while participating in the CPS SCORE program.

I confirm that my child meets CPS' Physical Examination requirement and has proof of a current Physical Examination on file at the school.

I affirm that my child has no chronic medical, physical or mental condition or disability which has not been stated in the medical certificate or which could make participation in the CPS SCORE program inadvisable.

I may revoke this permission in writing only.

I affirm that I have read this Parental Consent and Release of Liability in its entirety, that I understand each of the terms hereof, and that I agree to be fully bound hereby.

Parent/Guardian Name (print) _____

Parent/Guardian Name (signature) _____

Date _____

I give my permission for _____ print student name _____ to commute to and from the contest location without adult supervision.

Parent/Guardian Name (signature) _____