



# Completed Items Check List



Student Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_ Student Information

\_\_\_\_ Parent/Guardian Information

\_\_\_\_ Emergency Contact Information

\_\_\_\_ Informed consent For Emergency Medical Attention

\_\_\_\_ INFORMED CONSENT FOR RELEASE OF INFORMATION

\_\_\_\_ INFORMED CONSENT FOR AUTHORIZED ADULTS TO PICK UP PARTICIPANT

\_\_\_\_ INFORMED CONSENT FOR PARTICIPANT REPRESENTATION IN PUBLICATIONS

### Fee(s)

- \_\_\_\_ Membership            \$50.00 Registration + \$65,00 Monthly
- \_\_\_\_ Small group            \$20.00 Each Person Per session (Minimum 6 Youth)
- \_\_\_\_ One on One            \$35.00 an hour
- \_\_\_\_ Summer Camp        \$300.00

Site(s) youth will be participating:

RAINIER \_\_\_\_\_ Summit Sierra Sports \_\_\_\_\_ YESLER \_\_\_\_\_ VAN ASSELT \_\_\_\_\_

2023 SUMMER CAMP \_\_\_\_\_ Other: \_\_\_\_\_

Uniform Sizes: Youth Small \_\_\_\_\_  
 Small \_\_\_\_\_  
 Medium \_\_\_\_\_  
 Large \_\_\_\_\_  
 XL \_\_\_\_\_

All Summer Camp Participants get a uniform  
Jersey Number Here: \_\_\_\_\_



# Drills and Skills Program



*"If you do the Drills, you'll get the Skills"*

## Youth Application

Please bring completed forms with you to the Drills and Skills Program site

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone # ( \_\_\_\_\_ ) Grade \_\_\_\_\_ School \_\_\_\_\_

Email address \_\_\_\_\_ Alternate Email Address \_\_\_\_\_

Ethnicity:  African/African American/Black  American Indian/Alaskan Native  Anglo/Caucasian

Asian American/Pacific Islander  Hispanic/Latino  Multi-ethnic  Other \_\_\_\_\_

Who do you currently live with? (Check all that apply)  Mother  Father  Stepparent (s)  Foster parent (s)

Grandmother  Grandfather  Aunt  Uncle  Sister (s)  Brother (s)  Other \_\_\_\_\_

### Identifying Information

Male \_\_\_\_\_ Female \_\_\_\_\_

Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_

Height: \_\_\_\_\_ ft \_\_\_\_\_ in.

Weight: \_\_\_\_\_ lbs

Identifying marks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Employment/School \_\_\_\_\_ Address \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone# ( \_\_\_\_\_ ) \_\_\_\_\_ Hours at Work/School \_\_\_\_\_ to \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Employment/School \_\_\_\_\_ Address \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone# ( \_\_\_\_\_ ) \_\_\_\_\_ Hours at Work/School \_\_\_\_\_ to \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

Number of Languages Spoken: \_\_\_\_\_

I would love to volunteer for the Drills and Skills Program \_\_\_\_\_

I am interested in providing the following support to the program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone# ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

Please attach a small picture if you have one here.

*I  
f*

# DRILLS AND SKILLS RELEASE FORM

(This form must be completed by parent/guardian prior to enrollment in the Drills and Skills Program.)

## Informed consent For Emergency Medical Attention

**Statement of Consent:** I understand the staff is trained in first aid CPR and I authorize them to give aid when staff deems it appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention. However, if I cannot be reached in the case of accident or illness, I grant the Drills and Skills staff the power to authorize emergency medical treatment necessary. In the event I cannot be contacted, I further authorize and consent to the administration of all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, injuries, anesthesia and/or blood transfusions to the above-named person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports (s) to any doctor or agency and consent to the admission of the above named to the hospital.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## INFORMED CONSENT FOR RELEASE OF INFORMATION

For the Drills and Skills staff to meet the needs of its participants, it is imperative to have open lines of communication with the parents and school staff. The information shared with the Drills and Skills staff will assist in following-up with students' progress in both academic and disciplinary issues. This is vital to maintain a positive, mentor relationship with the students and to help make their participation in the Drills and Skills program a worthwhile experience.

**Statement of consent:** I, \_\_\_\_\_, being the parent/legal guardian of \_\_\_\_\_, a minor, do hereby give consent to \_\_\_\_\_ school, to release academic and discipline information to the Drills and Skills staff.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## INFORMED CONSENT TO PICK UP A Child

**Please check appropriate box**

- My child can be picked up by the following person (s)\*:

**\*Only the following names have release authorization to pick up Drills and Skills Participants.**

Note: Written notification by parent or guardian must be given before participants under the age of 18 can be released into their care. If circumstances arise in which an unlisted person will be picking up your child, a phone call is **REQUIRED** for us to release your child into their care.

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

- My child will take public transportation home from the Drills and Skills Program  
 My child will walk home from the Drills and Skills Program  
 Other: \_\_\_\_\_

## INFORMED CONSENT FOR PARTICIPANT REPRESENTATION IN PUBLICATIONS

The Drills and Skills program is committed to furthering the discussion and growth of our youth. As such, I grant permission for Drills and Skills to use any photos, film, digital imaging, videos, verbal and written statements of the above stated participant or their likeness for promotional, web usage or other uses by Drills and Skills either associated with the program, a project, event, or function or otherwise.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date