



Metroball DC Club/Team Fees Spring/Summer Session – (Mar. 2017 – Jul. 2017)

Metroball DC Club Enrollment Fee - \$150

New/Returning members - Club fees (\$150) include workouts/coaching/training, admin expense, and website, player training, and training facility expenses. Tournament and Travel fees are based upon the team that the youth is placed, and will be billed later. **FULL ENROLLMENT FEE IS DUE NO LATER THAN APRIL 7th 2017.**

Payment Options for Enrollment Fee - Check/Cash/Credit Card payable to Metroball Youth Outreach.

***All Fall/Winter Fee balances MUST be paid in full to continue with Spring/Summer Session.**

****No unpaid member will be allowed to continue to practice after April 7th.**

ATHLETETRAX Info:

Participant: _____ Male Female
Cell Number: _____ D.O.B.: _____ Age: _____
Current Grade: _____
Email: _____

Parent/Guardian responsible for Payments (Print)

Name: _____ Cell Phone Number: _____
Email: _____

Additional Parent/Guardian responsible for Payments

Name: _____ Cell Phone Number: _____
Email: _____

Commitment of Acceptance

Metroball has high standards for all of our youth. Therefore, by accepting your position you are agreeing to follow the Team Expectations that can be found in the Metroball Player Handbook. In addition, parents are also agreeing to the Parent Expectations/Fees which include your financial commitment to the Team. Travel & Elite Team rosters are filled based upon skills shown at a Tryout. All other youth may be placed on a Local Team to continue to develop and train to increase their skill level.

An individual Metroball team or player desiring to hold its own fundraiser may do so with the prior written approval from Metroball Co-founders. All money raised at such team sponsored event shall be retained by such team individual account unless approved by a parent committee and Co-founders.

*Questions or difficulty regarding your dues, invoices, teams, and fundraisers please direct to Co-founders, Terrance Judge and Kevin "Coach Moose" Jones at metroballdc@yahoo.com



www.metroball.org
P.O. Box 26095
Washington D.C. 20001

Out of School/AAU Program
Parent/Player Waiver and Release Form
(EACH PARTICIPANT MUST HAVE THIS FORM COMPLETED)

To be completed by parent or guardian (please print)

Name of Participant: _____ Male Female
Address: _____ D.O.B.: ____ / ____ / ____ Age: ____
_____ Contact #: _____
School: _____ Grade: _____
Emergency Contact: _____ Phone #: _____

Parent/Player Agreement

Waiver and Release:

I hereby certify that my child (named above as Participant) is physically fit and in normal health and has not been otherwise informed by a physician that he/she is incapable of participation in a basketball program (hereafter referred to as "Sports"). I acknowledge that I am aware of the risks inherent in participation in sports (both practice and competition); that sports are physical and can require considerable running, starting, stopping, and physical exertion in heat and humidity, and could potentially lead to injuries including, but not limited to, overheating, dehydration, limb injuries, and possible permanent disability and death. I agree to assume all those risks and to waive any and all rights to claim for injuries, loss or damages arising out of his/her participation in sports. Each participant is responsible for conducting him/herself safely and at a level consistent with his/her skill. Each participant further certifies that he/she maintains adequate health insurance to cover any injuries occurring as a result of participation in this Metroball Youth Outreach program. By signing below, I acknowledge understanding and reading of this waiver in full.

1. I hereby certify that my child (named above) is in normal health and is capable of participating safely in the Metroball Youth Outreach Program.
2. I hereby authorize the directors of the Metroball Youth Outreach to act in my behalf in accordance with their best judgment in case of an emergency.

In consideration of the good will, public service, and community aid provided by Metroball Youth Outreach, which I support, I hereby grant permission to the Metroball Youth Outreach to use my child's name, to take and publish photographs, videotapes, or motion pictures of him /her which include his/her voice in any media for any legitimate purpose. I release all rights to such photographs, videotapes or motion pictures and recordings. I acknowledge that Metroball Youth Outreach is the sole owner of all rights arising out of their use for all purposes. I understand that I shall receive no compensation from their use from any source whatsoever.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

**METROBALL YOUTH OUTREACH
STUDENT REGISTRATION FORM – SCHOOL YEAR 2016-2017**

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Ward _____

DCPS Student ID #: _____ Date of Birth: _____

Student Gender: _____ Language Spoken at Home: _____ Race/Ethnicity: _____

Current School Attending: _____ Current Grade: _____

Parent's Last Name: _____ Parent's First Name: _____

Parent's Address (if different) _____

Home Phone: _____ Work Phone: _____

Emergency Contact Person: _____ Phone: _____

Adult(s) authorized to pick your child up from the program: _____

List any of your child's medical, physical or mental health needs that require special attention: _____

List any medications your child takes regularly: _____

List any food allergies: _____

Do you consent for your child to receive medical attention in the event of an emergency? Yes _____ No _____

PARENT/GUARDIAN STATEMENT

I hereby give permission for my child to participate in all activities conducted by the program, including educational activities at the local site, performing and visual arts activities at the local (school) site, field trips to arts and educational activities away from the local (school) site, and sports activities conducted in DCPS and/or DC Dept. of Parks and Recreation facilities. I further grant permission for my child: 1) to appear in person or in voice, video or photographic presentation for non-commercial radio, television, internet or print media reports and/or media campaign(s) resulting from participation in this program and its activities, 2) to complete confidential or anonymous surveys, and 3) to participate in interviews for evaluation purposes. **I understand that if my child is not picked up from the local site by ____ p.m., he/she may be taken to the Office of Child Protective/Emergency Family Services located at 400 Sixth Street, SW; (202) 671-SAFE.**

Signature: _____ Relationship to Student: _____
Parent/Guardian

Date: _____

Metroball Youth Outreach

Evaluation Consent Form

Dear Parent/Guardian,

Your child is enrolled in Metroball Youth Outreach, an out-of-school time (OST) program supported by United Way of the National Capital Area (UWNCA). In order to monitor the effectiveness and progress of Metroball and the UWNCA towards citywide youth outcomes, the UWNCA is conducting an ongoing evaluation study. It is the intention of this evaluation to learn how the provided services and activities benefit students, how the program can be continuously improved, and whether participation in such programs in general helps keep students on a trajectory to graduate from high school and reach other goals.

Specifically the UWNCA asks permission from you, as parent/guardian, for a period of up to seven years, until your **Child's** projected date of college graduation to:

- Contact your child's school and obtain records showing their progress, including information about demographics, enrollment, grades, citywide test scores, and attendance.
- Track youth participation and services provided by UWNCA programming and participating district agencies.
- Talk to teachers and after-school staff about your child's progress and participation in the OST program, and review program records on participation in the program.
- Survey and/or interview you and your child about the OST program, the UWNCA, and its effects.

This is an evaluation of the youth progress in the city and the OST program funded by the UWNCA and is NOT an evaluation of your child. Any information we collect will be used ONLY to assess the OST program and citywide youth outcomes to track general group trends regarding progress toward graduation and other youth goals. Individual responses will not be made public. Participating in the evaluation will not affect your child in school, in the OST program, or in any other way. We will not use your name or your child's name in any report. At the end of the evaluation, the UWNCA and/or Metroball Youth Outreach will destroy all records that include personal information.

We expect that no harm will come to you or your child from participation in this study and it may benefit your child by providing opportunities, supports, and services that may enhance development. Participation in the evaluation is completely voluntary and participants may withdraw at any time with no consequences.

Child Name: _____ **Date of Birth:** _____

Please select one of the options below and return this form to the program director. Thank you.

Yes, I give permission for my child to participate in the evaluation activities of Metroball Youth Outreach and the UWNCA.

Signature of Parent/Guardian Date

No, I do not want my child to participate in the evaluation activities.

Signature of Parent/Guardian Date