



Refugee & Immigrant Youth Soccer Camp Registration Form

August 10th-14th, 2020

FAMILY INFORMATION

Who Are You?*

First Name: _____
 Spouse Name: _____
 Street Address: _____
 City/State: _____
 Zip Code: _____
 Phone #: _____

Last Name: _____
 # of Children: _____
 Apartment #: _____
 Apartment Complex: _____
 Email: _____
 Can We Text You?: Yes No

First Circle
Household Size



Then, Based on Your Household Size,
Circle Your Household Income Range



2	Less Than \$26,600	or	Between \$26,600 - \$70,600	or	More Than \$70,600
3	Less Than \$29,900	or	Between \$29,900 - \$79,450	or	More Than \$79,450
4	Less Than \$33,200	or	Between \$33,200 - \$88,250	or	More Than \$88,250
5	Less Than \$35,900	or	Between \$35,900 - \$95,350	or	More Than \$95,350
6	Less Than \$38,550	or	Between \$38,550 - \$102,400	or	More Than \$102,400
7	Less Than \$41,200	or	Between \$41,200 - \$109,450	or	More Than \$109,450
8	Less Than \$43,850	or	Between \$43,850 - \$116,500	or	More Than \$116,500

Do your children receive free/reduced lunch at school? *Yes No*

How did you hear about this program? _____

Where Are You From?

Country of Origin: _____

U.S. Arrival Date (M/D/Y): _____

Language Spoken at Home: _____

Interpreter Required?: *Yes No*

Immigration Status: *Refugee Asylee SIV Other*: _____

Who Can We Contact in Case of Emergency? *(other than parent/guardian listed above)*

First Name: _____

Last Name: _____

Phone #: _____

Address: _____

Relationship to Your Family: _____

STUDENT INFORMATION:

Student #1: _____

First Time at Camp? *Yes No*

Age: _____

Date of Birth (M/D/Y): _____

Gender: _____

T-Shirt Size: *Youth Adult | S M L XL*

Most Recent School: _____

Grade (Fall 2020): _____

Food Restrictions (Meals/Snacks): _____

Medical Concerns/Allergies: _____

Notes on student's behavior/academics: _____

Student #2: _____

First Time at Camp? *Yes No*

Age: _____

Date of Birth (M/D/Y): _____

Gender: _____

T-Shirt Size: *Youth Adult | S M L XL*

Most Recent School: _____

Grade (Fall 2020): _____

Food Restrictions (Meals/Snacks): _____

Medical Concerns/Allergies: _____

Notes on student's behavior/academics: _____

Student #3: _____

First Time at Camp? *Yes No*

Age: _____

Date of Birth (M/D/Y): _____

Gender: _____

T-Shirt Size: *Youth Adult | S M L XL*

Most Recent School: _____

Grade (Fall 2020): _____

Food Restrictions (Meals/Snacks): _____

Medical Concerns/Allergies: _____

Notes on student's behavior/academics: _____

MEDICAL RELEASE (required)

By signing below, I give my permission for the child(ren) registered above to participate in soccer camp programming, including athletic activities and program-related transportation. I understand that there are risks associated with participation in sports and travel, and agree to release and hold harmless World Relief staff and volunteers as well as Soccer Without Borders staff, coaches, and volunteers from any claims of personal injury, illness, or damages of any kind.

In the event of an emergency, I give permission to World Relief Seattle and Soccer Without Borders staff and volunteers to take necessary emergency measures for the care and protection of my child(ren), while under their supervision. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if it is deemed necessary. It is understood that in some medical situations, World Relief or Soccer Without Borders staff will need to contact the local emergency resources before the parents/guardians, and/or other adults acting on the parents/guardians behalf are notified. I understand that any expenses incurred will be borne by the child's family.

Parent/Guardian Signature: _____ Date Signed: _____

PHOTO RELEASE (recommended)

By signing below, I give my permission to World Relief to use photographs/images of my child(ren) in its various marketing publications or other media.

Parent/Guardian Signature: _____ Date Signed: _____



*Submit this form to the World Relief office by **June 19th, 2020**. Space is limited; World Relief will contact families in June to confirm whether or not they have received a spot.*

Office Use Only: ASSISTED REGISTRATION INFORMATION

Staff Assistance:

If a World Relief staff member assisted the participant with filling out this form, please indicate below.

Name of Staff Member: _____

WR Case #: _____ Date Filled Out: _____

Interpreter Assistance:

If an interpreter assisted the participant and staff member with filling out this form, please indicate below.

Name of Interpreter: _____

Teacher/Service Provider Use Only: REFERRAL INFORMATION

Name: _____

Organization/Role: _____

Contact Information: _____

Date Filled Out: _____

Please describe your reason for referral—this will help us prioritize the students who would most benefit from the program: