Refugee & Immigrant Youth Soccer Camp Registration Form
August 10th-14th, 2020

FAMILY INFORMATION

Who Are You?*

First Name: ____________________________  Last Name: ____________________________
Spouse Name: ____________________________  # of Children: ____________________________
Street Address: ____________________________  Apartment #: ____________________________
City/State: ____________________________  Apartment Complex: ____________________________
Zip Code: ____________________________  Email: ____________________________
Phone #: ____________________________  Can We Text You?:  Yes  No

First Circle Household Size

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Less Than $26,600</th>
<th>or</th>
<th>Between $26,600 - $70,600</th>
<th>or</th>
<th>More Than $70,600</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Less Than $29,900</td>
<td>or</td>
<td>Between $29,900 - $79,450</td>
<td>or</td>
<td>More Than $79,450</td>
</tr>
<tr>
<td>3</td>
<td>Less Than $33,200</td>
<td>or</td>
<td>Between $33,200 - $88,250</td>
<td>or</td>
<td>More Than $88,250</td>
</tr>
<tr>
<td>4</td>
<td>Less Than $35,900</td>
<td>or</td>
<td>Between $35,900 - $95,350</td>
<td>or</td>
<td>More Than $95,350</td>
</tr>
<tr>
<td>5</td>
<td>Less Than $38,550</td>
<td>or</td>
<td>Between $38,550 - $102,400</td>
<td>or</td>
<td>More Than $102,400</td>
</tr>
<tr>
<td>6</td>
<td>Less Than $41,200</td>
<td>or</td>
<td>Between $41,200 - $109,450</td>
<td>or</td>
<td>More Than $109,450</td>
</tr>
<tr>
<td>7</td>
<td>Less Than $43,850</td>
<td>or</td>
<td>Between $43,850 - $116,500</td>
<td>or</td>
<td>More Than $116,500</td>
</tr>
</tbody>
</table>

* Must be child(ren)’s legal parent/guardian
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: _______________
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: _______________
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: _______________
Most Recent School: _______________________ Grade (Fall 2020): ________________
Food Restrictions (Meals/Snacks): ________________
Medical Concerns/Allergies: __________________________
Notes on student’s behavior/academics: __________________________

Who Can We Contact in Case of Emergency? (other than parent/guardian listed above)
First Name:_________________________ Last Name:_________________________
Phone #:_________________________ Address:_________________________
Relationship to Your Family:_________________________
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: