



# Midnight League Soccer 2019-20

<b>Office Use ONLY</b>	
Site	_____
Date entered	_____
ID/Card #	_____
Staff Initials	_____

**PLEASE PRINT**

Participant FIRST Name \_\_\_\_\_ Participant LAST Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Gender:  Male  Female  Other

I verify that I am **NOT** currently enrolled in High School.  
 \*Currently enrolled high school students are not eligible to participate

<b>Ethnicity: Please check one</b>	
<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic American
<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian American
<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Other _____	

**PARENT / GUARDIAN INFORMATION: (18 and under)**

Parent / Guardian FIRST Name \_\_\_\_\_ LAST Name \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

**Participant Questions:**

1. Sponsoring Community Organization \_\_\_\_\_
2. Contact Person at the Community Organization \_\_\_\_\_

A function of the Midnight League is to provide its participants with additional resources to assist them with their daily lives. Please check all areas for which you would like additional information.

- Employment/Job Training
- Education
- Life Skills
- Criminal/Legal Issues
- Money Management/Investing/ Entrepreneurship
- Other: \_\_\_\_\_

**Personal Goals:**

Please provide 2 goals that you wish to personally achieve in the next 3 months.

Please provide 2 goals that you wish to personally achieve in the next year.

**PLEASE COMPLETE BOTH SIDES**

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

- 1. FIRST Name \_\_\_\_\_ LAST Name \_\_\_\_\_ Phone # \_\_\_\_\_
- 2. FIRST Name \_\_\_\_\_ LAST Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any medical conditions / reasons that would inhibit the participant from taking part in certain physical activities: \_\_\_\_\_

**PARENT / GUARDIAN PERMISSION \* \* \* PLEASE READ CAREFULLY**

**PERMISSION:** I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of any injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention. **WAIVER:** I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest, and expenses (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services. **PHOTO RELEASE:** I understand, as parent/legal guardian of the above-named child, that there are times when the local news media, national news media, and/or nonprofit organizations partnering with Milwaukee Public Schools request the opportunity to videotape, take photographs, and/or interview children within Milwaukee Recreation and Milwaukee Public Schools. By signing this, I understand that and give permission for MPS to allow this with respect to my child. I also understand that by signing this release, I give permission to the Milwaukee Public Schools to make or use pictures, slides, digital images, or other reproductions of me, of my minor, or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the Milwaukee Public Schools. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

**I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:**

Participant / Guardian Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Participant / Guardian Signature \_\_\_\_\_

**For updates, text @mkenight to 81010  
Register online at MilwaukeeRecreation.net Activity Code:2RAS1109-CT02**

**Please select your choices for an attendance incentive reward.**

- |                         |                    |                       |                       |
|-------------------------|--------------------|-----------------------|-----------------------|
| _____ Free Hair Cut     | _____ Bowling Trip | _____ Bucks Tickets   | _____ Free Oil Change |
| _____ Family Zoo Passes | _____ Auto Zone    | _____ Brewers Tickets | _____ Gift Card       |
| _____ Cookout           | _____ Movie Passes | _____ _____           | _____ Other           |

**Please circle where would you prefer a gift card to be from?**

- |          |            |                    |              |                |
|----------|------------|--------------------|--------------|----------------|
| Walmart  | Target     | Amazon Best Buy    | Pick 'N Save | Barnes & Noble |
| GameStop | Footlocker | Advance Auto Parts | Other _____  |                |

**What is a preferred length of a season? (This includes draft, scrimmage, & playoffs. League is currently 10 wks.)**

- |          |         |         |
|----------|---------|---------|
| 10 weeks | 8 weeks | 6 weeks |
|----------|---------|---------|

**Is there anything that you think would be a good incentive that was not mentioned?**

\_\_\_\_\_  
**What do you suggest for future enrichment programming?**

**A player must participate in 75% or more of the enrichment programming (8 out of 11 programs) to be considered eligible for the incentive reward.**