



## ***Basketball at Dexter McCarty Middle School.***

Dexter McCarty Middle School offers 7th and 8th grade boys the opportunity to play basketball during November, December, and January. Here are some important details about participation.

- ***Participants must have a current doctor's physical evaluation form (within 2 years), the SUN sign up sheet, and insurance documentation turned in.***
- ***Students must have consistent attendance and positive behavior at school to participate in practices and games.***
- ***Cost for the season = \$80 (discounted for free and reduced lunch students)***
- ***Paperwork and payment is submitted to the office or Mr. Nelson as soon as possible.***
- ***Practice schedules will be determined by the team's coach that the child is selected for.***
- ***The SUN activity bus is available for players to ride home (leaves DMMS at 5:30)***

### **2016 Boys Basketball Calendar**

- **Sign up forms available now! Due by Tuesday, November 8**
- **Tryouts - Wednesday, November 9 and Thursday, November 10 - 3:45 to 5:15 pm**
- **Practices begin - Monday, November 14**
- **Games will begin on or after Wednesday, November 30**



\*\*\* Physicals are only good for 2 years. Please check with the office if you think you have a physical on file.

## Gresham/Barlow School District Sports Physical Evaluation Form

TO BE COMPLETED BY PARENT

Student Name (Last, First, MI)		Phone		Date of Birth	Age	Sex
Home Address		City	State	Zip	Student SS#	
School		Grade	Specific Sport			

Current Medications \_\_\_\_\_  
 Drug Allergies \_\_\_\_\_  
 Chronic Medical Problems \_\_\_\_\_

TO BE COMPLETED BY PHYSICIAN

Height:    __ ft. __ in.	Weight:    ___ lbs.	Vision: Rt: ___ / ___ Lt: ___ / ___
Hearing Screen:           Normal       Abnormal Right <input type="checkbox"/> <input type="checkbox"/> Left <input type="checkbox"/> <input type="checkbox"/>		Blood Pressure: ___ / ___ Pulse            _____

TO BE COMPLETED BY PHYSICIAN

Normal	Abnormal	Description	Description
<input type="checkbox"/>	<input type="checkbox"/>	General Health	
<input type="checkbox"/>	<input type="checkbox"/>	Skin	
<input type="checkbox"/>	<input type="checkbox"/>	Head	
<input type="checkbox"/>	<input type="checkbox"/>	Ears	
<input type="checkbox"/>	<input type="checkbox"/>	Eyes	
<input type="checkbox"/>	<input type="checkbox"/>	Nose/Throat	
<input type="checkbox"/>	<input type="checkbox"/>	Teeth	
<input type="checkbox"/>	<input type="checkbox"/>	Neck	
<input type="checkbox"/>	<input type="checkbox"/>	Chest	
<input type="checkbox"/>	<input type="checkbox"/>	Heart	
<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	
<input type="checkbox"/>	<input type="checkbox"/>	Spine	
<input type="checkbox"/>	<input type="checkbox"/>	Extremities	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological	
<input type="checkbox"/>	<input type="checkbox"/>	Urinalysis	

I certify this person is medically able to participate in all school sports and physical activities:  
 Without restriction  
 With the following restrictions: \_\_\_\_\_

Physician signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Metropolitan Family Service (MFS) - SUN  
Student Registration Form 2016-2017  
Dexter McCarty Middle School**



**STUDENT INFORMATION**

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**PARENT/GUARDIAN Contact Information**

Student lives with:

Both Parents    1<sup>st</sup> Parent/Guardian    2<sup>nd</sup> Parent/Guardian    Emancipated Minor    Not Listed: \_\_\_\_\_

**1<sup>st</sup> Parent/Guardian:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Sibling Information** – Please list all siblings of the student

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Transportation** - Check (✓) one choice:

- Picked up by a parent, guardian, or authorized adult (name): \_\_\_\_\_
- Walk home
- Ride a school bus to home
- Ride public transportation home
- My child may NOT be picked up by \_\_\_\_\_

**Behavioral Expectations**

The behavior expectations for the SUN program are outlined in the information that accompanies this form. Please check here to acknowledge that you have read the behavioral expectations and agree to discuss any concerns with the SUN Coordinator

Yes, I have read the behavioral expectations for the SUN program.

**Photo/Art Release and Internet Use**

Pictures may be taken of participants or artwork may be created during classes and used in school displays, community handouts, and educational and promotional materials, which may be in print, on the Internet, on video/audiotape, and/or shared through social media.

- \*\*May MFS and Community partners take photos of your child and use them for the above purposes?    Yes    No
- \*\*May the program use your child's artwork for the above purposes?    Yes    No
- \*\*May we use photos of your child in displays or slideshows at the SUN Showcase?    Yes    No
- \*\*I give my child permission to use the Internet for projects.    Yes    No

**Inclusive Demographics Survey - Student**

**Gender Identity:**

- Male       Female       Transgender Male       Transgender Female       Genderqueer/gender-nonconforming
- Different Identity       Prefer not to say

**Primary language spoken at home:**

- English     Spanish     Russian     Cantonese     Hmong     Mandarin     Korean     Vietnamese     Arabic
- Not Listed: \_\_\_\_\_

**Racial and Ethnic Identity:**

Please share your origin, ethnicity, ancestry, country or origin, race, and/or Tribal affiliations in whatever way you wish.

What is your race/origin? Please select all that apply:

- Asian:                     Chinese       Vietnamese     Korean             Hmong             Laotian
- Asian Indian     Japanese       South Asian       Filipino/a
- Asian – Not Listed \_\_\_\_\_
  
- Latino/Hispanic:     Mexican       Central American     South American                     Caribbean
- Latino/Hispanic – Not Listed \_\_\_\_\_
  
- Native Hawaiian/  
Pacific Islander:     Native Hawaiian       Guamanian or Chamorro       Samoan
- Native Hawaiian/Pacific Islander – Not Listed \_\_\_\_\_
  
- Black:                     African American       African             Caribbean
- Black – Not Listed \_\_\_\_\_
  
- Indigenous:             American Indian       Alaska Native     Canadian Inuit, Metis or First Nation
- Indigenous Mexican, Central American, or South American
  
- Slavic
- Middle Eastern
- North African
- White:                     Western European     Eastern European     White – Not Listed \_\_\_\_\_
  
- Unknown
- Decline to answer

**Are you enrolled in a tribe?**     No     Yes

If yes, tribe in which you are enrolled \_\_\_\_\_

With which tribes do you identify? \_\_\_\_\_

I am NA/AN but do not know my tribe

Additional Tribal Affiliations (please list):

**Due to the way some funders ask for information about race and ethnicity, MFS is not always able to share identity information in as much depth as we would like. In these cases, we're forced to choose only one option for race/ethnicity. Given that constraint, if you had to choose one race/ethnicity you identify most strongly with, which would it be?**

- African     Asian     Black or African American     Latino/Hispanic     Middle Eastern
- Native American or Alaska Native     Native Hawaiian or Pacific Islander     Slavic     White
- Not Listed: \_\_\_\_\_     Decline to Answer

**SUN Parent/Guardian Permission to Participate & Acknowledgment of Risk:**

I hereby give permission for my child to participate in the **Metropolitan Family Service** school based activity program and occasional field trips that may be offered with advance parental written permission. I am aware that it is not possible to foresee and prevent all potential losses arising from indoor and outdoor activities. Knowing the risks and dangers, I understand the possible consequences of my child participating in activities during program participation. By signing below, I hereby agree to allow my child to participate in all activities with full knowledge that there are real risks of loss inherent in it. By signing below I expressly assume on behalf of my child all risk of injury associated with participation in program activities. I hereby give my consent for any emergency anesthesia, surgery, hospitalization or other medical treatments that might become necessary for my child. As my child's parent or legal guardian, I hereby agree to take full financial responsibility for any such care.

I hereby state that to the best of my knowledge, my child has the necessary mental and physical skills and ability to participate in the activity. As the child's parent or guardian, I assume full responsibility for my child for bodily injury and loss of personal property and expenses thereof.

I understand that my child will be required to follow instructions and abide by the rules attached and reasonable safety procedures. I understand that **Metropolitan Family Service** reserves the right to refuse to allow my child to participate in part or all of the activities if they are determined to be incapable of participating safely. Metropolitan Family Service also reserves the right to expel students due to behavioral concerns.

As further consideration for my child's participation in this program, I (for myself and my spouse (if any) and on behalf of my child) do hereby fully and forever waive and release **Metropolitan Family Service** from each and every claim, suit, action or cause of action of any kind or nature that may arise or be assertable in any way whatsoever relating to my child's participation in this program, and further, I shall fully and forever defend, indemnify and hold harmless **Metropolitan Family Service** from and against any and all claims, demands, losses, liabilities, damages, actions, causes of action, suits, judgments, costs and expenses (including court costs and attorneys' fees) in any way whatsoever arising out of or relating to my child's participation in this event.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon my child & me during the entire period of participation in the program.

Parent/Guardian Name \_\_\_\_\_  
(please print):

➔ Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Our SUN Community School is a collaboration of the school, Metropolitan Family Service and many community partners and agencies who come together to support children's success in school and life. We do this by working together to meet the specific needs of our students and their families.

In order to provide your child with the best services and support possible, the SUN Community School Site Manager needs your permission to be able to share information with the people who are teaching and serving your child specifically. This information may include student name, student ID #, grade level, achievement test scores, course grades and grade point averages, attendance, Individual Education Plan, demographic, and behavior/discipline information. The SUN Community School Site Manager will only share this information when it is required by a partner organization or supports your student's success.

*Children may participate in SUN activities whether or not their Parent/Guardian agrees to the release or exchange of educational information to other staff or agencies.*

**YES**, I am authorizing the release and exchange of student records with staff of programs/activities that I register my child for. This includes employees and volunteers managed by the SUN Community School Site Manager and staff of other partner agencies providing the activities in which my child participates.

**NO**, I do NOT authorize the release and exchange of student records with staff of programs/activities that I register my child for.

➔ X \_\_\_\_\_  
Parent/Legal Guardian Date

*This permission is effective from 7/1/2016 until 8/31/2017 unless cancelled in writing.*

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

### Community Resource Survey



**Please note:** By sharing your information, you will help MFS better understand the resources needed in our community. Completing this form is not necessary to participate in our programs. However, your voice is important and we respect your family's privacy. We will not share your personal information with anyone without your permission. We appreciate your time and support.

Parent/Guardian First Name ( ) Parent/Guardian Last Name Date of Birth

Phone Email Address

Address Apt # City State Zip Code County

**Housing Status:**  Rent  Home Owner  Living with Friends/Family (Long Term)  Houseless  Living with Friends/Family (Temporary)  Living in a Shelter  Not listed: \_\_\_\_\_

**How long have you lived at this address?**  Less than 1 month  1-3 months  4-6 months  6-12 months  1-2 years  3-4 years  5-6 years  7-10 years  10+ years

**Number of People in Your Household:** Age(s) 0-5: \_\_\_\_\_ 6-17: \_\_\_\_\_ Over 18: \_\_\_\_\_ Total # of People = \_\_\_\_\_

**Household Composition:**  Single person  Two or more adults, no children  Two parents with children  Foster Family  Kinship Family  Grandparents raising grandchildren  Single parent with children  Other: \_\_\_\_\_

What languages are spoken in your home? \_\_\_\_\_ Would you like an interpreter?  Yes  No  
In what language do you want us to speak to you? \_\_\_\_\_ write to you? \_\_\_\_\_

**Highest Education Level Achieved:**  Some Schooling  Up to Grade 8  Some High School  High School Diploma/GED  Vocational Training  Some Community College  Community College Graduate  Some Four Year College  University/ College Graduate  Some Post-Secondary  Post Secondary Graduate

**Employment Status:**  Employed: Full time  Employed: Part time  Under-employed  Unemployed: Seeking  Unemployed: Not Seeking  Retired: No Longer Working  Not Able to Work  Youth Not Eligible to Work

**Do you have health insurance?:**  Yes  No  
If yes, is your insurance:  Private  OHP  Other: \_\_\_\_\_  
Do you have a healthcare provider?  Yes  No

**Please help MFS identify the needs in our community:**

Do you receive public assistance? *Check all that apply*  
 SNAP  TANF  WIC  Social Security/Disability  Other: \_\_\_\_\_

Please Estimate Your Household Income In One Of The Following Ways:  
 Yearly Income: \$ \_\_\_\_\_  Monthly Income: \$ \_\_\_\_\_  Weekly Income: \$ \_\_\_\_\_  Seasonal Income: \$ \_\_\_\_\_

Did you get your taxes filed for free?  Yes  No Do you access the earned income tax credit?  Yes  No  
Do you have a bank account?  Yes  No Do you save regularly?  Yes  No  
Do you have financial education needs?  Yes  No

Is anyone in your household coping with a chronic health or social condition? Choose all that apply  
 Depression  Anxiety  Addiction  Asthma  Diabetes  COPD  Dementia  
 Isolation  Other health condition: \_\_\_\_\_  Decline to Answer