



Running steady and strong to succeed in life!

Student Enrollment and Consent Forms

Please complete the information requested below. If you have any questions, please call Ben at (301) 986 0626 or email us at teensrundc@gmail.com.

Name: _____
Please print (first) (middle) (last)

Home Address: _____ Date of Birth: ___/___/___

City: _____ State: _____ Zip: _____

Phone / Home : (____) _____ Cellphone: (____) _____

E-mail: _____ Cellphone service provider: _____

Shoe size: _____ Shirt size: _____ Ethnicity: _____ Gender: M / F

School: _____ Grade: _____ Student ID #: _____

Parent/Guardian Information:

Name: _____ Cellphone: (____) _____

Daytime phone: (____) _____ Evening phone: (____) _____

Address: _____

Relationship to you: _____

Additional Emergency Contact:

Name: _____ Cellphone: (____) _____

Daytime phone: (____) _____ Evening phone: (____) _____

Address: _____

Relationship to you: _____

How did you hear about Teens Run DC?: _____

Why do you want to join Teens Run DC?: _____

Are you prepared to commit one full school year to regular training and to working with a mentor?



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PARENT/GUARDIAN WAIVER

Student's Name: _____ Date of Birth:

I hereby give permission for my son/daughter to participate in TEENS RUN DC program which operates under the auspices of the Center for Self Discovery and the Community Foundation of the National Capital Region in coordination with the DC Public School System. This includes practices, running events, and all related activities.

I, the undersigned, intending to be legally bound, for myself, my heirs, my assignees, executors and administrators, do hereby waive any and all rights of claims for damages I may have against TEENS RUN DC, the Center for Self Discovery, the Community Foundation of the National Capital Region, DCPS, and its employees, for any accident or illness occurring during or by reason of participation in this program, racing events, or related trips.

I hereby give my permission to my child's TEENS RUN DC Running Leaders to sign as guardian on the entry form of events in which TEENS RUN DC will be participating. Furthermore, I hereby agree to release my child's school attendance, grades and graduation records for every year my child participates in **Teens Run DC**.

Signature of Parent or Legal Guardian

Signature of Participant

Date

Date



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Media Release Form

Audio/Video/Photography

I, _____ give consent for

(print name of parent/guardian)

(print name of student runner)

to be photographed/audio/video taped as part of the **TEENS RUN DC** program. I further give permission for photographs/audio/video tapes of my child to be published in annual reports, newsletters, and other media outlets without expecting monetary compensation. I understand that this release is not a requirement for participating in Teens Run DC.

Signature of Parent or Legal Guardian

Signature of Participant

Date

Date

Questionnaires, Interviews, Focus/Discussion Groups

I, _____ give consent for _____
(print name of parent/guardian) (print name of student runner)

to participate in all pre/post questionnaires, interviews, and focus/discussion groups as part of the **TEENS RUN DC** program. I understand that information collected will be used by the **TEENS RUN DC** program to assess changes in students' knowledge, attitudes, beliefs and behaviors to improve the quality of programming available. I understand that information collected will remain strictly confidential and results obtained will be used without any child's identity revealed.

Signature of Parent or Legal Guardian

Signature of Participant

Date

Date