



DFRC BLUE-GOLD ALL★STAR FOOTBALL GAME BAND MEMBER PERMISSION FORM

We are excited to be celebrating the 65th anniversary of DFRC! To participate in the 2020 DFRC Blue-Gold All★Star Program, this form must be submitted to DFRC by **May 1, 2020**. Please submit all forms as soon as possible so we may make the appropriate arrangements. **Seniors interested in participating in the Hand-in-Hand Program must submit forms by DECEMBER 18, 2019.** Forms may be mailed to DFRC — 640 Plaza Drive, Newark, DE 19702— faxed to (302) 454-2755, or emailed to jlittle@dfrc.org.

Student Name: _____ Grade: _____

School: _____ Birthdate: _____

Home Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Instrument: _____ Band Front? (Circle one) Yes No T-Shirt Size: _____

Phonetic Spelling of Student Name: _____

By signing below, I pledge my commitment to the DFRC Blue-Gold Program accordingly:

- ★ Seniors choosing to participate in the Hand-in-Hand Program are required to attend orientation in January and scheduled DFRC Blue-Gold events from March until Game Day— Friday, June 19, 2020.
- ★ Band members will attend approximately five rehearsals prior to Game Day.
- ★ All DFRC Blue-Gold participants must provide their own transportation to scheduled events and practices, including Game Day. **You must provide your own instrument and equipment.**
- ★ On Game Day, please wear sneakers and acceptable khaki shorts. DFRC will provide a T-shirt for Game Day.
- ★ If you are unable to fulfil the commitment to participate in the 2020 DFRC Blue-Gold Band, please contact the DFRC office **as soon as possible** at (302) 454-2730 or jlittle@dfrc.org.

Band Member Signature: _____ Date: _____

PERMISSION AND PUBLICITY RELEASE BY PARENT OR GUARDIAN

I hereby give my permission for the student named above to participate, health permitting, in the DFRC Blue-Gold All★Star Football Game Program and to attend all scheduled Blue-Gold events and practice sessions. Further, I hereby grant to DFRC, Inc., and its representatives, employees, agents and assigns, the irrevocable and unrestricted right to use, reproduce and publish photographs, video and audio recordings of my child/me, including his/her/my image and likeness as depicted therein, for editorial, trade, advertising or any other purpose and in any manner or medium; to alter the same without restriction; and to copyright the same. I hereby release DFRC, Inc. and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability relating to its use of said images.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____



DFRC BLUE-GOLD ALL★STAR FOOTBALL GAME PARTICIPANT PARENT/MEDICAL FORM

Medical and Parent Contact Information is **REQUIRED** for participation in the DFRC Blue-Gold All★Star Program.

Student Name: _____ School: _____

Insurance Information:

Check here if you do not have insurance coverage. This will not disqualify you from participating.

Full Name of Subscriber: _____

Insurance Provider: _____ Insurer's Phone: _____

Policy Group Number: _____ Subscriber ID: _____

Family/Primary Care Physician's Name: _____

Physician's Phone: _____ Physician's Address: _____

Medical History:

Head/Neck Injuries	___ Yes ___ No	Knee Injuries	___ Yes ___ No
Previous Concussions	___ Yes ___ No	Ankle/Foot Injuries	___ Yes ___ No
Back Injuries	___ Yes ___ No	Drug/Insect Allergies	___ Yes ___ No
Shoulder Injuries	___ Yes ___ No	Diabetes	___ Yes ___ No
Arm/Hand Injuries	___ Yes ___ No	Previous Surgeries	___ Yes ___ No

If you answered "Yes" to any of the above, please provide explanation (Use additional sheets, if needed).

Have you previously seen a an Orthopedic Surgeon for an injury? ___ Yes ___ No

If yes, provide surgeon's name and contact information: Surgeon's Name: _____

Office Address: _____ Phone: _____

Parent/Guardian Contact Information — *please print*

Parent/Guardian Full Name: _____

Email Address: _____ Phone Number: _____

Occupation: _____ Employer: _____

Are you interested in volunteering? ___ Yes ___ No

Parent/Guardian Full Name: _____

Email Address: _____ Phone Number: _____

Occupation: _____ Employer: _____

Are you interested in volunteering? ___ Yes ___ No

Please submit all forms as soon as possible so we may make the appropriate arrangements and contact you with updated information. Forms may be mailed, faxed to (302) 454-2755, or emailed to jlittle@dfrc.org. *Thank You!*



DFRC BLUE-GOLD ALL★STAR FOOTBALL GAME BAND MEMBER CHARACTER VERIFICATION

Student Name: _____ School: _____

Please list your top three reasons for recommending the above named student for the DFRC Blue-Gold All★Star Program: _____

	<u>Yes</u>	<u>No</u>
Would you be proud to have the above named student represent your school in the DFRC Blue-Gold All★Star Program?	_____	_____
Is the above named student a team player who cooperates and works well in group settings?	_____	_____
Would you consider the above named student a well-rounded individual?	_____	_____
Is the above named student a conscientious person who sees a task through to completion?	_____	_____
Do you anticipate that the above named student would cause any problems in personal interactions with band members from other schools?	_____	_____
<i>If yes, please explain:</i> _____		
Has the above named student ever been involved in a disciplinary action while a student at your school?	_____	_____
<i>If yes, please explain:</i> _____		

With my signature, I recommend the above named student to represent our high school in the 2020 DFRC Blue-Gold All★Star Program.

Band Director Signature

School Principal Signature

Band Director Name— *please print*

School Principal Name— *please print*

Band Director Email

School Principal Email

Please submit this form to the DFRC Office no later than May 1, 2020.

Seniors: If you are interested in participating in the Hand-in-Hand Program, please return forms no later than December 18, 2019. Forms may be mailed, faxed to (302) 454-2755, or emailed to jlittle@dfrc.org.

DFRC BLUE-GOLD ALL★STAR FOOTBALL GAME PUBLICITY FORM

Full Name: _____
 First Middle Last

Ambassador Band Member Cheerleader Player Manager

Nickname _____ Date of Birth: _____

Home Address: _____

City/Town: _____ State: _____ Zip: _____ - _____

Home Phone: _____ Cell Phone: _____
 Include Area Code Include Area Code

Email Address: _____

School: _____ Graduation Year: _____

Highlights of Activities/Honors Achieved in High School (Class Officer, Honor Roll, Sports, etc.)

Community Activities (ex: non-school, religious, volunteer): *Please include contact information for organizations listed* _____

Post High School Plans: (college, military, employment, etc.) _____

Have you had any previous association with people with intellectual disabilities?

Family Information

Have any other members of your family (siblings, parents, grandparents, aunts, uncles, cousins) participated in the Blue-Gold program. If so, please provide their name, relationship to you, and any information you may have about their participation. (Attach extra sheets if needed).

YOUR PARENT OR GUARDIAN MUST SIGN THE BACK OF THIS FORM – Thank you.

DFRC BLUE-GOLD ALL★STAR FOOTBALL GAME
PUBLICITY RELEASE BY PARENT OR GUARDIAN

I hereby give my permission for student, (please print Full Name – no nicknames)

to participate, health permitting, in the DFRC Blue-Gold All★Star Football Game Program, and to attend all scheduled DFRC Blue-Gold events and practice sessions.

Further, I hereby grant to DFRC, Inc., and its representatives, employees, agents and assigns, the irrevocable and unrestricted right to use, reproduce and publish photographs, video and audio recordings of my child/me, including his/her/my image and likeness as depicted therein, for editorial, trade, advertising or any other purpose and in any manner or medium; to alter the same without restriction; and to copyright the same. I hereby release DFRC, Inc. and its trustees, officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability relating to the use of said images.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby set their hand and seal the date written below.

Parent/Guardian Signature: _____ Date _____

Parent Guardian Name (please print Full Name – no nicknames)



2020 DFRC Blue-Gold All★Star Band Calendar

If you have any questions, please feel free to contact the DFRC office at (302) 454-2730 or infor@dfrc.org

June 9th 6:00 p.m. — 8:00 p.m.	Band Practice	Delaware State University, Dover, DE Education/Humanities Building
June 11th 6:00 p.m. — 8:00 p.m.	Band Practice	Delaware State University, Dover, DE Education/Humanities Building
June 14th 11:00 a.m. — 1:00 p.m. <i>Instrument Zoo begins at 1:30 p.m.</i>	Media Day & Instrument Zoo	University of Delaware, Newark, DE Rullo Field
June 15th 9:00 a.m.—4:00 p.m.	Band Practice	Delaware State University, Dover, DE Education/Humanities Building
June 16th 9:00 a.m.—4:00 p.m.	Band Practice	Delaware State University, Dover, DE Education/Humanities Building
June 17th 9:00 a.m.—3:00 p.m.	Band Practice	Delaware State University, Dover, DE Education/Humanities Building
June 19th 1:00 p.m. — 3:00 p.m. <i>Pre-game ceremonies begin at 6:00pm.</i>	2020 DFRC Blue-Gold All★Star Football Game	University of Delaware, Newark, DE Rullo Field

***Please be aware that practice dates and times are subject to change**

In the event that you cannot make a scheduled event or practice please contact one of the following people:

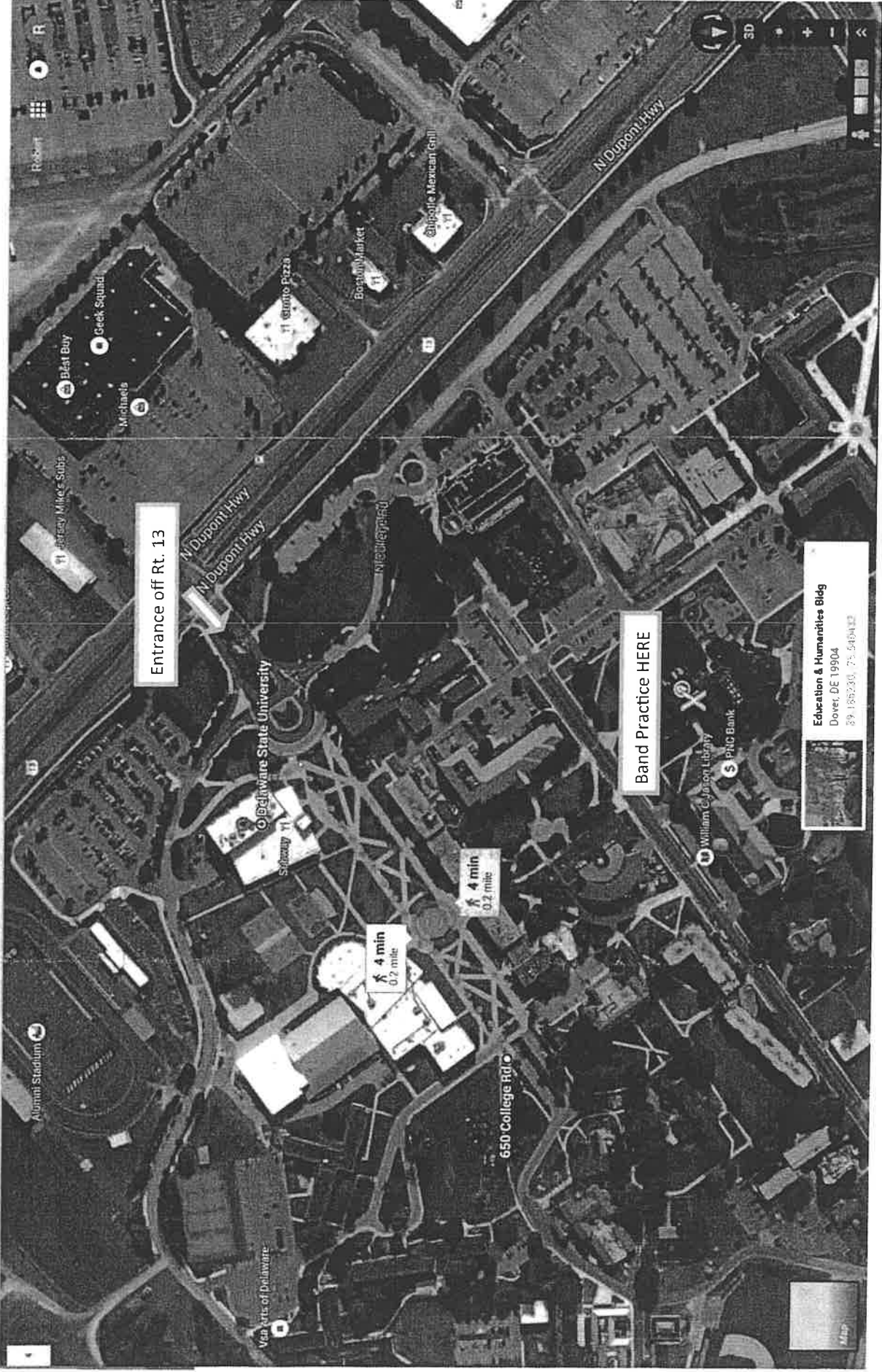
DFRC Marching Band Contacts

Samantha Sullivan — 16samsullivan@gmail.com

Dr. Harvey Bullock — hbullock@desu.edu

DFRC Blue-Gold Office

Jada Little — jlittle@dfrc.org



Please report to the Education & Humanities Building:

Turn left after you enter DSU campus, look for parking signs in P15 & P19