

HOUSEHOLD INFORMATION

Please check all that apply: Mom deceased Dad deceased Sibling deceased

Please indicate the primary language spoken in your household: English Spanish Other: _____

FAMILY QUESTIONNAIRE

How much time does your child spend on homework on average per night? 2 hours or more 1 to 2 hours 1/2 to 1 hour Less than 1/2 hour

Do you assist your child with homework each evening? Yes No Sometimes

In this past year, has your child received all A's and B's on a report card? Yes No

How many extracurricular activities does your child participate in? 4 or more 1 to 3 None

Please check the boxes that apply to the activities that your child is involved in: Track & Field Soccer Basketball Football Chorus/Choir Band Religious Youth Group National Honor Society Yearbook/Newspaper Theater Art Club Student Government Other (please indicate) _____

Do you expect your child to continue their education after high school? Yes No Maybe

Please rate your child's in-school behavior. Rare Behavioral Incidents Occasional Behavioral Incidents Frequent Behavioral Incidents

Please rate your child's out-of-school behavior. Rare Behavioral Incidents Occasional Behavioral Incidents Frequent Behavioral Incidents

STATEMENTS

Student Statement: Why do you want to be a Ryan Gordon/Hartford Wolf Pack Community Scholar and learn to play hockey?

Parent Statement: What benefits do you hope your child will gain?

GENERAL GUIDELINES

- Students named Ryan Gordon/Hartford Wolf Pack Community Scholars will remain Scholars so long as they are in good standing.
• Existing Ryan Gordon/Hartford Wolf Pack Community Scholars will serve as mentors to new, younger Scholars.
• Ryan Gordon/Hartford Wolf Pack Community Scholars must be Hartford residents and must submit proof of residency with application (i.e. copy of parent's driver's license, postmarked letter).
• The number of Scholars chosen is based on availability of funds in a given year.
• Selection of the Ryan Gordon/Hartford Wolf Pack Community Scholar will be made by a selection committee comprised of Trinity College and Koeppl Center staff. All decisions are final.

PLEASE READ AND SIGN BELOW

On behalf of my child, I accept and assume any and all risks associated with his/her attendance and participation in Learn-to-Play Hockey at the Koeppl Center. I understand that my child should not participate if he/she is not healthy. I understand that my child must abide by program policies and the instructions of the staff. In the event that I can not be contacted in an emergency, I hereby grant permission to give immediate treatment and/or take my child to a hospital emergency room. Permission is hereby granted for photographs and/or videos to be taken of my child, and Trinity College has the right to utilize these in our brochures, videos, slide shows, Web site, and other program materials. Knowing these facts and in consideration for your accepting my child's application, I, for myself, my child participating in Learn-to-Play Hockey, and anyone else who might claim on my or my child's behalf ("I"), hereby agree that Trinity College is not responsible for accidents, injuries, and/or medical or dental expenses arising from my child's participation. Accordingly, I covenant not to sue, and waive, release, and discharge Trinity College and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of or relating to my child's participation in the Learn-to-Play Hockey program at the Koeppl Community Sports Center.

Signature of Parent/Guardian _____ Date ____/____/____

Name _____

Signature of Parent/Guardian _____ Date ____/____/____

Name _____



Send this form to: Koeppl Community Sports Center
175 New Britain Avenue
Hartford, CT 06106



If you have any questions, call (860) 297-4038