

DFRC Blue-Gold Ambassadors

About the Program

- The Blue-Gold All★Star Football Game is played every year to showcase high school football players, cheerleaders, band members and students across the state of Delaware who exemplify good citizenship and strong moral character. The Game is played to educate students and the community about the capabilities of children with cognitive disabilities.
- Two graduating seniors and two juniors are selected to represent each high school as Blue-Gold Ambassadors. **(There are no alternates)**
- Each school selects the students they feel best qualified to participate in the Blue-Gold program. (Methods of choosing vary by school. see enclosed form)
- Participants should demonstrate leadership, scholarship and commitment to the Blue-Gold program.
- Forms must be completed and returned to the DFRC office by Monday, December 10, 2007.
- The program includes an Ambassador Training Seminar to be held in the Dover area in February 2008.

WHAT IS THE ROLE OF A BLUE-GOLD AMBASSADOR?

- Seniors and Juniors will attend an ambassador orientation session (to be held in February) to prepare them for the role of leaders in Blue-Gold.
- Seniors may participate in the Hand-in-Hand Program, which matches each participant with a child who has a cognitive disability. Together, they attend activities planned by DFRC. They are encouraged to include their buddy in their daily lives.
- Seniors will work closely with the Junior Ambassadors to help coordinate Blue-Gold activities in their school, such as fundraising, holding an assembly, selling merchandise, creating the school banner, and promoting excitement about Blue-Gold and our cause. A member of the Blue-Gold Committee will provide assistance.
- Seniors and Juniors will promote awareness of the Blue-Gold cause to their school peers, family, and community. Attend the events leading up to Game Day, organized by the Blue-Gold Committee.
- HAVE FUN!

2008 DFRC Blue-Gold All★Star Football Game

AMBASSADOR NOMINATION FORM—*Please print all requested information*

All Ambassadors—This form is due to DFRC by Monday, DECEMBER 10, 2007 if you are to participate.

School: _____ Grade: _____

Your Full

Name: _____
First Name Middle Name Last Name Suffix

This is a nomination for a Senior Ambassador Junior Ambassador (Each school may have 2 Seniors and 2 Juniors)

Nickname: _____ Birthdate: ____/____/____ Seniors: Were you a Junior Amb? Yes No
day month year

Home

Address: _____

City/Town: _____ State _____ Zip Code _____

Home Phone: _____ Telephone: _____
(Area Code) (Area Code)

Alternate (Cell)

Email: _____

Adult T-Shirt Size (circle one): SM MED LG X-LG XX-LG

Blue-Gold Advisors Name: _____ Advisor's Signature: _____

Advisor's Advisor's

Telephone: _____ Email: _____

INSTRUCTIONS: Blue-Gold Advisors, please attach a copy of a completed DFRC Character Verification Form, signed by you and your school's Principal to this Ambassador Nomination Form. Incomplete nominations will not be considered.

DFRC Blue-Gold Ambassadors—Your commitment to the program:

★ All Ambassadors are required to attend full-day training and orientation in February. Senior Ambassadors also must attend monthly Blue-Gold events through Game Day. Junior Ambassadors will be invited to several monthly events as well.

★ Ambassadors (Senior and Junior) work together to promote Blue-Gold awareness, programs and fundraising in your high schools. Ambassadors must create a Blue-Gold banner representing your high school to display in your school, at Blue-Gold events and in the stadium on Game Day, June 21, 2008.

★ You must arrange your own transportation to all events and to Game Day. For Game Day, you are asked to wear sneakers and acceptable khaki shorts. A T-shirt will be provided for Game Day.

Ambassador's 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.

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

Mother/Guardian Signature _____ Date _____

Mother/Guardian

Name (please print) _____

Father/Guardian Signature _____ Date _____

Father/Guardian

Name (please print) _____

PLEASE COMPLETE BACK OF THIS FORM FOR REQUIRED MEDICAL AND CONTACT INFORMATION

PLEASE ATTACH A RECENT PHOTOGRAPH OF THE STUDENT—SCHOOL PORTRAITS ARE BEST

Thank you!

2008 DFRC Blue-Gold All★Star Football Game

AMBASSADOR MEDICAL/PARENT CONTACT FORM—Please print all requested information

Your Name: _____ School: _____
First Name Last Name Suffix

INSURANCE INFORMATION: Check here if you do not have insurance coverage—it will not disqualify you from participating.

Full Name of Subscriber: _____

Subscriber's Social Security Number: _____

Insurance Provider: _____ Insurer's Phone Number: _____
Include Area Code

Policy Group Number: _____ Policy Subscriber ID: _____

Family/Primary Care Physician's Name: _____ Physician's Phone Number: _____
Include Area Code

Physician's Full Address: _____

MEDICAL HISTORY:

Head/Neck Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Knee Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Previous Concussions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Ankle and Foot Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Drug/Insect Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shoulder Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arm and Hand Injuries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Previous Surgeries	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered Yes to any of the above please provide an explanation (use additional sheets, if needed)

Have you previously seen an Orthopedic Surgeon for and injury? Yes No If yes, provide surgeon's name and contact info:
 Surgeon's Name: _____ Telephone: _____
Include Area Code
 Office Address: _____

Parent/Guardian Contact Information (please print all information)

Mother/Guardian
 Full Name: _____
 Home Address (if different than student's) _____
 City/Town _____ State: _____ Zip: _____ Home Phone: _____ Other Phone: _____
Include Area Code Include Area Code
 Mother/Guardian Email address: _____

Father/Guardian
 Full Name: _____
 Home Address (if different than student's) _____
 City/Town _____ State: _____ Zip: _____ Home Phone: _____ Other Phone: _____
Include Area Code Include Area Code
 Father/Guardian Email address: _____

PLEASE COMPLETE FRONT OF THIS FORM FOR REQUIRED PERMISSION AND PUBLICITY RELEASE

PLEASE ATTACH A RECENT PHOTOGRAPH OF THE STUDENT—SCHOOL PORTRAITS ARE BEST

Thank you!

DFRC Blue-Gold All★Star Football Program
Character Verification of Ambassador

Ambassador's Name

Date

Name of School

1. Please list your top three reasons for recommending the above-named student for the DFRC Blue-Gold Program.

2. Is the above named student a team player who cooperates and works well in a group situation?

_____Yes _____No

3. Has the above named student ever been involved in a disciplinary action while a student at your school?

_____Yes _____No

If yes, please explain: _____

4. Would you consider the above named student a well-rounded individual?

_____Yes _____No

5. Has the above named student provided individual service through contributions to his school/community?

_____Yes _____No

If yes, please explain: _____

6. Is the above named student a conscientious person who sees a task through to completion?

_____Yes _____No

7. Do you anticipate that the above named student would lead and encourage the participation of members of your student body in the DFRC Blue-Gold events at your school?

_____Yes _____No

8. Would you be proud to have the above named student represent your school in the DFRC Blue-Gold Football Program?

_____Yes _____No

With my signature below, I recommend the above named student to represent our school in the DFRC Blue-Gold Football Program.

School Blue-Gold Moderator/Advisor

Principal

***Please return this form by Monday, December 10, 2007 to:
DFRC, 640 Plaza Drive, Newark, DE 19702***

DEADLINES WILL BE STRICTLY ENFORCED