

Player's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents E-mail \_\_\_\_\_

Age of Child/Ward: \_\_\_\_\_ Grade Level for the 2018-2019 School year \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Alt. Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co. Policy & Number: \_\_\_\_\_ Group # \_\_\_\_\_

Any Medical Concerns/Conditions we should be aware of: \_\_\_\_\_

**Medical and Liability Release:** I understand there are risks and dangers involved in participating in the Camp, and I voluntarily assume all of those risks and dangers, including the risks and dangers of personal injury and property damage that may occur during or arise from the Camp. Participation in the Activity involves risks of injury due to certain inherent dangers that cannot be eliminated regardless of the care taken to avoid them. These injuries include, but are not limited to: physical contact with other individuals; contact with the ground, surfaces, fixtures, and equipment; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific injury risks vary from (1) minor injuries such as scratches, bruises, and sprains, to (2) major injuries such as eye injury or loss of sight, joint injuries, back injuries, heart attacks, heat stroke and concussions to (3) catastrophic injuries including paralysis and death.

I certify that my child/ward is in good physical condition and does not have any physical or mental disabilities or infirmities that would restrict full participation in the strenuous activities of this Activity. I understand that in order for my child/ward to participate in such Activity, that health insurance is required. The **DYSART UNIFIED SCHOOL DISTRICT** and \_\_\_\_\_ are not responsible for any medical expenses that may be incurred due to such participation. My child/ward may receive emergency medical treatment, if needed, and there are NO limitations to my child's participation except where stated in writing above. **DUSD** and \_\_\_\_\_ and its members are not responsible for any costs related to injuries incurred during the \_\_\_\_\_ activities.

I further hereby release, discharge and/or otherwise indemnify DUSD and \_\_\_\_\_ and its affiliated organizations, sponsors, officials, officers, employees, representatives, agents, servants, or volunteers, and associated personnel, including the owners for the fields and facilities utilized by the Activity from and against any claims, damages, or liability of any kind or nature for the injury, death, or damage to personal property arising out of or in connection with my child's/ward's participation in the Activity. This includes transportation to or from the Activity and social events associated with the Activity whether or not they are the result of negligence or any other cause. I agree that this Release, and any dispute arising from or involving this Release, shall be governed by and construed in accordance with the laws of the State of Arizona.

**Registration Agreement:** As parent/legal guardian of the above registrant, a legal minor, I agree that the registrant and I will abide by the rules of the \_\_\_\_\_ and its affiliated organizations and their sponsors.

**Media Release:** By signing this form, I hereby give the \_\_\_\_\_ licenses and legal representatives the irrevocable right to use my or my child's name, picture, portrait, or photograph in all forms and media and in all manner. I am the parent or legal guardian of the minor named above and have the legal authority to execute the above Medical and Liability Release. I approve the foregoing and waive any rights in the premises.

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

Office Use Only		
Amount Paid	Check/Cash	Received By