

District 5 Sports and Activities Council
YOUTH SPORTS REGISTRATION FORM AND RELEASE AGREEMENT

Revised 5/13/11

PLAYER NAME		D/O/B		GENDER	M F
SCHOOL		2011/2012 GRADE		HANDED	R L
ADDRESS					
	CITY STATE ZIP				

IMPORTANT: Do you have another child registering for this sport?	PLAYER NAME (S)	
	2011/2012 GRADE	

My child is subject to the following allergies or medical conditions, and I authorize D5SAC to disclose such allergies or medical conditions to a physician in the event my child should require emergency medical care.

**ANY FALSE STATEMENT ON THIS APPLICATION MAY RESULT IN
PLAYER DISQUALIFICATION TO BE DETERMINED BY D5SAC BOARD
THERE ARE NO REFUNDS AFTER A PLAYER HAS BEEN DESIGNATED TO A TEAM**

PRIMARY PARENT / GUARDIAN		SECOND PARENT / GUARDIAN	
PRINT NAME		PRINT NAME	
MAIN PHONE		MAIN PHONE	
SECOND PHONE		SECOND PHONE	
TEXT MESSAGE #		TEXT MESSAGE #	
E-MAIL ADDRESS		E-MAIL ADDRESS	

EMERGENCY CONTACT OTHER THAN PARENTS

CONTACT 1		CONTACT 2	
PRINT NAME		PRINT NAME	
MAIN PHONE		MAIN PHONE	
SECOND PHONE		SECOND PHONE	
TEXT MESSAGE #		TEXT MESSAGE #	
E-MAIL ADDRESS		E-MAIL ADDRESS	

STOP - - - - D5SAC USE ONLY BELOW - - - - STOP - - - - D5SAC USE ONLY BELOW - - - - STOP

ACCOUNTING	WAIVER & PHYSICAL	EQUIPMENT MANAGER	
FEE PAID: \$ _____	WAIVER SIGNED: _____	WEIGHT: _____	JERSEY SIZE: _____
CASH: YES or NO _____	PHYSICAL: _____	HEIGHT: _____	PANTS/SHORTS SIZE: _____
CHECK / REF #: _____		HELMET SIZE: _____	SINGLET: _____
Stamp PAID ONLY if paid in FULL		SHOULDER PAD SIZE: _____	
		OTHER: _____	OTHER: _____

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF my child, _____ being allowed to participate in the District 5 Sports and Activities Council (D5SAC) Youth (Baseball Basketball Cheer Football Lacrosse Softball Volleyball Wrestling) Program, I acknowledge, appreciate, and agree that: Circle ONE

The risk of injury to my child from the activities involved in these programs is significant, including the potential for PERMANENT DISABILITY AND DEATH; that the risk of injury to spectators and guests is significant, including the potential for PERMANENT DISABILITY AND DEATH; and that the risk of damage to cars and property on the premises of these activities is significant.

I FOR MYSELF, SPOUSE, CHILD, AND MY SPECTATORS AND GUESTS, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my child's participation; and,

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE** District Five Schools, James F. Byrnes H.S., D5SAC, its directors, agents, employees, officers, coaches, volunteers, officials, agents, successors, assigns, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (Releasees), of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages, and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or my children ever had or may have, arising from or in any way related to my child's participation in or transportation to and from any Activities conducted by, on the premises of, or for the benefit of, D5SAC., WITH RESPECT TO **ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property incident to my child's involvement or participation in these programs, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY INDEMNIFY AND HOLD HARMLESS** all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent permitted by law.

I certify that my child is covered by my personal health insurance plan. I agree to maintain coverage during all times that my child participates in D5SAC activities. I understand and agree that if proof of insurance coverage is not maintained, that my child is not eligible to participate in any D5SAC activity. I agree to remain in reachable proximity to my child during all D5SAC activities. However, in the event I cannot be reached, I authorize any adult D5SAC representative to make emergency medical decisions for my child. I understand that I am responsible for all medical treatment costs.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE) (Date) (PRINT NAME)

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE) (Date) (PRINT NAME)