

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

SPORT CURRENTLY REGISTERING FOR:		DATE	
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PLAYER NAME		D/O/B		GENDER	M	F	HANDED	R	L
PLAYER AGE		SCHOOL attending during this sport season							
ADDRESS		GRADE LEVEL during this sport season							
CITY STATE ZIP:									

IMPORTANT: Do you have another child registering for this season?	PLAYER NAME (S)	
	School and grade attending this season	

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	
TEXT / PHONE #		TEXT / PHONE #	
E-MAIL ADDRESS		E-MAIL ADDRESS	

EMERGENCY CONTACT OTHER THAN PARENTS

<u>CONTACT 1</u>		<u>CONTACT 2</u>	
PRINT NAME		PRINT NAME	
TEXT / PHONE #		TEXT / PHONE #	

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 Program, I acknowledge, appreciate, and agree that:

**The risk of injury to my child from the activities involved
in these programs is significant, including the potential for
PERMANENT DISABILITY AND DEATH.**

RELEASE AND INDEMNITY

I for myself, my spouse, child, and my spectators and
guests my/our heirs, assigns, personal representatives
and next of kin (hereinafter Participants), 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 myself, and my Participants, hereby **RELEASE,
INDEMNIFY, HOLD HARMLESS AND FOREVER
DISCHARGE** District Five Schools, D5SAC, their 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, my children, or my guests 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
further agree that I will be responsible for the Releasees'
attorneys fees and costs that are related to any such claim
brought by me or my participants.

HEALTH INSURANCE

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.

EMERGENCY MEDICAL DECISIONS

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.

MEDICAL PHYSICAL REQUIRED

I understand that D5SAC **REQUIRES** all participants to
have a **PHYSICAL EXAM** on an annual basis **BEFORE**
participating in any athletic program. I understand that it
is my responsibility to contact my family physician to
schedule a physical BEFORE my child participates.

**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)