



DEVOTION + PERSISTENCE = SUCCESS

WAIVER/RELEASE FORM

Name: _____ **Gender:** M F

Street Address: _____ **Mailing Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Email:** _____

Home #: _____ **Cell #:** _____ **Do you text?** Yes No

Date of Birth: _____ **Grade / Age:** _____

Emergency Contact: _____ **Home #:** _____ **Cell #:** _____

Allergies: _____ **Medications:** _____

Registration fee: DUE UPON ACCEPTANCE TO TEAM SUCCESS – 03/01/2019

Payment Method: Cash Check (Checks can be written to DPSL)

How did you hear about this program?

Website Facebook Flyer Word-of-Mouth Other: _____

Consent and Liability Waiver

I HEREBY REGISTER MY CHILD FOR Youth Basketball Training, Club Tryouts & Conditioning through DPSL LLC and authorize the staff and coaches to direct him or her in participation of activities. I know of no mental or physical problems, which may affect his or her ability to safely participate in this activity. I authorize the staff or volunteers to attend to any health problem or injury to my child that may occur while participating. I hereby release and hold harmless DPSL, LLC, volunteers of the DPSL, LLC Program, any and all locations/facilities which the programs will take place, other participants, Coaches, and/or Agents, from any liability that may arise from my child's participation. I acknowledge that I am responsible for any medical expenses due to my child's illness or injury.

Media Release

I hereby authorize DPSL, LLC to photograph my son/daughter, which includes taking motion/still pictures, take video footage, and/or make electronic sound recordings of my son/daughter (herein referred to as photographic or electronic reproductions). Further, I authorize the use of any such photographic or electronic reproductions of my son/daughter for educational and other public media as may be deemed appropriate by DPSL, LLC. (I understand that I and/or my son/daughter may be identifiable from such photographic or electronic reproduction). I understand that there will be no financial or other remuneration for recording my son/daughter, either for initial or subsequent transmission or playback. I waive any rights, claims, or interest I may have to control the use of my son/daughters identity or likeness in whatever media used. Initial here if you do not agree to this _____

Parent/Guardian

Signature: _____ **Date:** _____