

# PARENT INFO FORM

Required with Student Registration Form

Student Name \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Parent #1 Cell # \_\_\_\_\_ Mobile Carrier \_\_\_\_\_

Parent #1 Email Address: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Parent #2 Cell # \_\_\_\_\_ Mobile Carrier \_\_\_\_\_

Parent #2 Email Address: \_\_\_\_\_

## STATEMENT OF RELEASE

I agree to release District #726 School, Community Education, their employees and leaders, of all liability related to accidents or injuries to which myself or member of my family might incur while participating in the above mentioned activity. Participants in the above mentioned activity are not covered under the School District #726 medical insurance policy. I furthermore hereby agree to be bound and comply with all tournament rules and regulations, and expressly assume all risks associated with the tournament series and local club activities. I hereby release Becker Youth Sports, B.A.S.S. LLC, TBF/SAF their parents, affiliations and subsidiary companies, the hosts, sponsors, volunteers and tournament officials from all claims of death, injury and/or property damage incurred by me in connection with my participation in this club. I hereby allow Becker Bass Team to use photos and media that is captured during events to be utilized for media accounts of Becker Bass Team and affiliated sponsors/donors.

Parent #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information email/call/text:

- Becker Bass Team Coach: Dusty Wright [beckerbassteam@gmail.com](mailto:beckerbassteam@gmail.com) 612-889-8425