



**RAYA FOUNDATION - REGISTRATION INFORMATION/WAIVER & LIABILITY RELEASE PREP CLASSIC**

Minors First Name \_\_\_\_\_ Minors Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Cell Phone \_\_\_\_\_ Contact Email \_\_\_\_\_  
Parent/Guardian First Name \_\_\_\_\_ Parent/Guardian Last Name \_\_\_\_\_  
Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

**RAYA FOUNDATION—MEDICAL/EMERGENCY INFORMATION CONSENT TO TREAT**

Does this child have allergies? If so, please list: \_\_\_\_\_ Is this child diabetic? \_\_\_\_ Yes \_\_\_\_ No

List any additional medical conditions or information for this child:  
\_\_\_\_\_

EMERGENCY CONTACT NAME #1: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

In the event that your child suffers an injury while playing basketball with the RAYA FOUNDATION, we will attempt to contact both parents/guardians as well as the emergency contact listed on this form.

We, the undersigned parents or guardian of \_\_\_\_\_, minor, do hereby consent to an x-ray examination, anesthetic, medical or surgical treatment, diagnostic procedure or service that may be rendered to said minor under the general or specific instructions of emergency department physician from emergency medical facility or other physician rendering emergency care. It is understood that his/her consent is given in advance of any specific diagnosis or treatment being rendered, but is given to consent to emergency treatment as needed for the participant as registered above. We hereby release and agree to hold harmless the RAYA FOUNDATION, City of Santa Ana, Santa Ana Unified School District, Vista Charter School its employees, agents, and/or affiliates from and against any claim for injuries or damages that might arise out of our child's participation with the RAYA FOUNDATION City of Santa Ana, Santa Ana Unified School District, Vista Charter School alleged negligence on their part for conducting the program or allowing us or our child to participate in it. This consent shall continue in effect for all who may rely upon it including, but not limited to the medical facility and physician on its medical staff and the RAYA FOUNDATION program until the end of the program, unless they have received written notice of revocation.

\_\_\_\_\_  
Participant Signature or Parent/Guardian if under age 18

\_\_\_\_\_  
Date

**RAYA FOUNDATION LIABILITY WAIVER (must be signed by participant or by parent/guardian):**

I fully understand that my participation, or that of the minor in my custody as registered above, in the RAYA FOUNDATION, presents exposure to the risk of personal injury, death or property damage. I hereby acknowledge that participation in this activity is voluntary and agree to assume any such risks. I hereby release, discharge and agree not to sue the RAYA FOUNDATION, City of Santa Ana, Santa Ana Unified School District, Vista Charter School, its officers, agents, employees or volunteers for any illness (including exposure to the Coronavirus), injury, death or damage to or loss of personal property arising out of, or in connection with, any participation in the activity from whatever cause, including the active or passive negligence of the RAYA FOUNDATION, [City of Santa Ana, Santa Ana Unified School District, Vista Charter School](#), its officers, agents, employees or volunteers or any other participants in the activity. In consideration for being permitted to participate in the activity, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the RAYA FOUNDATION, City of Santa Ana, Santa Ana Unified School District, Vista Charter School from any and all claims, demands, actions or suits arising out of or in connection with my participation in the activity. I also agree and acknowledge that participant may be photographed and videotaped while participating, and release use of the images for reproduction in RAYA FOUNDATION sponsored publications without compensation. I have carefully read this release, hold harmless and agreement not to sue, and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

\_\_\_\_\_  
Participant Signature or Parent/Guardian if under age 18

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

PAID \_\_\_ BY \_\_\_ REC # \_\_\_\_\_ SCHOOL ID \_\_\_ BC \_\_\_ PROGRAM/ACTIVITY \_\_\_\_\_ OTHER \_\_\_\_\_ 2/2022