



2015/16 REGISTRATION FORM



Student / Athletes Name		Age	D.O.B.	Sex: M / F	Message Phone #
Address		City		State	Zip Code
School Attending		City		Grade	
Emergency Contact Person		Relation		Telephone #	
Insurance Carrier (<i>Must Provide</i>)		Policy # (<i>Must Provide</i>)		Telephone #	
Family Doctor	Address		City		
Medical Conditions (if any)			Allergies		
Parents / Legal Guardian's Name		Home Phone #		Message Phone #	
Parents / Legal Guardian's Signature			Date		

(Please sign next page)

Admin Use Only	
Rec'd by	
Date	
Fee Paid	

**DESERT STORM BASKETBALL
PARTICIPANT WAIVER
2015/2016 Season**

Video – Photo Release

I understand that during the Desert Storm Basketball program and/or activity, my photograph and/or the photograph of my child may be taken by the Desert Storm Basketball Organization, its producers, sponsors, organization and/or assignees. I agree that my photograph and/or the photograph of my child, including video photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the Desert Storm Basketball Organization, its producers, sponsors, organization, and/or assignees for such purpose as they deem appropriate.

Authorization To Treat A Minor

I, the parent or legal guardian of the child listed on the Desert Storm Basketball registration form, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment rendered under the provision of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and of the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This authorization is given pursuant to the provisions of the California Civil code. This consent shall remain in effect until December 31st 2016 of the subject date.

Release From Liability

In consideration of the acceptance of the application of my child as a participant in any programs and/or activities of the Desert Storm Basketball Organization and its member chapters, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Desert Storm Basketball programs and/or activities. I and my child waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child's participation in the Desert Storm Basketball program or activity. I agree to indemnify and hold harmless from liability the Desert Storm Basketball Organization, its member chapters, and/or any of their agents, servants, or employees, and Palm Springs Unified School District by reason of any accident, death, injury or damages to person or property which I or my child may suffer from and against any and all liability arising out of or connected in any way with my child's or my participation in the Desert Storm Basketball programs and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns and the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the Desert Storm Basketball program and/or activity.

I have read, understand and approve the AUTHORIZATION TO TREAT A MINOR (with any restriction I may have listed above), RELEASE FROM LIABILITY and the VIDEO-PHOTO RELEASE.

Signature of Parent / Legal Guardian

Date

Print Name