

## 2020 BOYS RECREATIONAL BASKETBALL

والأنباء
<u>Detroit</u>
PAL
1

SECTION I:	PLAYER INFORMAT	ΓΙΟΝ				
Team Name:	Division:	8U 10U	12U	14U	17U	
Player's Name:	Date of Birth:					
Gender: ☐ Male ☐ Female Age: Sch	ool:			Grade	):	
Race/Ethnicity: ☐ Hispanic/Latino ☐ Black/	African-American 🗀 W	hite	ab 🗆 .	America	n Indian	
☐ Asian ☐ Multi-Racial ☐ Other						
Receives free/reduced school lunch?: Yes	No					
Health Conditions/Prescription Medications?:						
Shirt (circle): Youth Sizes: S(6-8) M(10-12)	L(14-16) XL(18-20)	Adult Sizes: S	M L	XL	2XL	
Shorts (circle): Youth Sizes: S(6-8) M(10-12)	L(14-16) XL(18-20)	Adult Sizes: S	M L	XL	2XL	
SECTION II: PRIMARY PARENT/GUARDIAN INFORMATION (Parent to receive mail, email and phone calls)						
(Parent to receive	maii, emaii and ph	one calls)				
Name:						
Relationship to Player: Father Mother	Other		<del></del>			
Home Phone: Wor	k Phone:					
Cell Phone: Ema						
Cell Phone: Ema						
Address:	City:	S	t: Z	<b>Z</b> ip:		
SECTION III: SECONDARY PARENT/GUARDIAN INFORMATION						
Name:	Relations	ship to Player:				
Home Phone: Wo	k Phone:					
Cell Phone: Ema						
SECTION IV:	EMERGENCY CON	IACI				
Name:	Phone:					
Relation to Player:	$^{\square}$ Check box to call eme	rgency contact	: before s	econdar	y parent	
Office Use Only Date:	Received By:	П <sub>Ві</sub>	rth Certific	cate		
Form of Payment: Amount Paid:	☐ Special F	ee 🗆 D/E	Ξ Init.:			

Detroit PAL Office - 1680 Michigan Ave., Detroit, MI 48216 - Phone: 313.833.1600 - detroitpal.org



## RELEASE OF LIABILITY FOR MINOR PARTICIPANTS READ BEFORE SIGNING

IN CONSIDERATION OF		articipant), my minor child/ward ("My Child"), ents and activities, the undersigned acknowl-
1. The risk of injury to My Child from the activities permanent disability and death, and while particular ru of serious injury does exist; and		
2. I, for myself, my spouse, My Child, and on beha HEREBY RELEASE THE other participants, Detroit owners and lessors of premises used to conduct the DISABILITY, DEATH, or loss or damage to person oprogram, WHETHER ARISING FROM THE NEGLIGIPER permitted by law; and	PAL, sponsoring agencic event ("Releasees"), W r property incident to M	es, sponsors, advertisers, and if applicable, TH RESPECT TO ANY AND ALL INJURY, y Child's involvement or participation in this
3. FOR MYSELF, MY SPOUSE, AND MY CHILD known and unknown, EVEN IF ARISING FROM THE sponsibility for My Child's participation; and		
4. I, for myself, my spouse, My Child, and on beha HEREBY INDEMNIFY AND HOLD HARMLESS all th involvement or participation in these programs, EVEN the fullest extent permitted by law; and	e above Releasees from	any and all liabilities incident to My Child's
5. I willingly agree to comply with the program's star any unusual significant concern in My Child's readines from participation in the program and bring such to the	s for participation and/or	in the program itself, I will remove My Child
6. I grant Detroit PAL, and its trustees, advisors, sta cable right and license to use videography, audio, an the use of such audio, videography, or photography o ity, and to use My Child's name, likeness, biographic including promotion in all media. I agree to hold Detrothe use of My Child's photographs, and I hereby release teers, sponsors, agents, successors, licensees, and a graphs; and	d photography, to edit on any portion of them in a call or other information of PAL harmless agains se and discharge Detroit	r crop photographs, and to use or authorize any manner or media at any time in perpetu- concerning him/her in connection therewith, any liability, loss, or damage resulting from the PAL and its trustees, advisors, staff, volun-
7. If I am unable to provide transportation for My Ch staff and/or volunteers, including parents of participar its trustees, advisors, staff and volunteers from any an	ts. I assume full respor	sibility and I hold harmless Detroit PAL and
8. Detroit PAL and its partners offer surveys to your for the improvement of programs and for reporting agg		
I HAVE READ THIS RELEASE OF LIABILITY A DERSTAND ITS TERMS. I UNDERSTAND THA IT, AND SIGN IT FREELY AND VOLUNTARILY V	AT I HAVE GIVEN UF	SUBSTANTIAL RIGHTS BY SIGNING
(Parent/Guardian Signature) (Date		Name)
(Date	, (11110	· ····································
Certification of Child's Fitness and Medical Autho	rization:	
I hereby certify that to the best of my knowledge, My C for which he/she has been registered.	hild is physically fit and a	able to safely participate in the sports activity

(Date)

(Print Name)

(Parent/Guardian Signature)