

2020 LITTLE HOOPERS



	PLAYER INFOR	RMATION			
Location:		_ Session (<i>circ</i>	ele one): 1 2	2 3 4	Elite
layer's Name:		Date of B	Date of Birth:		
Gender: ☐ Male ☐ Female School	l:				
Receives free/reduced school lunch?:	Yes □ No Race/Eth	nicity: ☐ Hispan	ic/Latino 🗖 Bla	ack/African-Ar	nerican
□ White □ Arab □ American	Indian	☐ Multi-Raci	al		
Health Conditions/Prescription Meds:					
Shirt Size (circle one): YS(6-8) YM(10-	12) YL(14-16) YXL	(18-20)			
PRIMARY	PARENT/GUARI	DIAN INFORM	ATION		
Name:			_		
Relationship to Player: Father	Mother	NIT		_	
Home Phone:	Work Phone:_	<u>ull</u>		_	
Cell Phone:	Email:				
Address:	City:		St:	Zip:	
Did you participate with Detroit PAL as a chil	d? ☐ Yes ☐ No				
SECONDAR	RY PARENT/GUA	RDIAN INFOR	MATION		
Name:	4	Relationsh	p to Player:		
Home Phone:	Work Phone:_			_	
Cell Phone:	Email:				
Address:	City:		St:	Zip:	
Did you participate with Detroit PAL as a chil	d? ☐ Yes ☐ No				
	EMERGENCY C	ONTACT			
Name:		Phone:			
Relation to Player:	Check b	oox to call emerge	ency contact bef	ore secondary	/ parent

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 behat HEREBY RELEASE THE other participants, Detroit owners and lessors of premises used to conduct the DISABILITY, DEATH, or loss or damage to person of program, WHETHER ARISING FROM THE NEGLIGIP permitted by law; and	PAL, sponsoring agencie event ("Releasees"), WI r property incident to My	es, sponsors, advertisers, and if applicable, TH RESPECT TO ANY AND ALL INJURY, 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, stacable right and license to use videography, audio, and the use of such audio, videography, or photography of ity, and to use My Child's name, likeness, biographic including promotion in all media. I agree to hold Detroite use of My Child's photographs, and I hereby release teers, sponsors, agents, successors, licensees, and a graphs; and	d photography, to edit or any portion of them in a cal or other information on the part of the parties and discharge Detroit se and discharge Detroit	crop photographs, and to use or authorize iny manner or media at any time in perpetu- concerning him/her in connection therewith, any liability, loss, or damage resulting from 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 respon	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 TH IT, AND SIGN IT FREELY AND VOLUNTARILY V	AT I HAVE GIVEN UF	SUBSTANTIAL RIGHTS BY SIGNING
(Parent/Guardian Signature) (Date) (Print	Name)
(Date	, (Fillit	namo)
Certification of Child's Fitness and Medical Author	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	ble to safely participate in the sports activity

(Date)

(Print Name)

(Parent/Guardian Signature)