

Register Your Team – Team Member Information Form:

Participant Information

Name

First (Given): _____

Last (Family): _____

Age on June 15, 2016: _____ (Age is used to determine eligibility for each level of competition.)

Current Grade: _____ (Grade is also used to determine eligibility for each level of competition.)

Parent / Guardian Information

Name

First (Given): _____

Last (Family): _____

Email Address: _____

Street Address: _____

Suite / Apartment / etc.: _____

City: _____

State: _____

Postal Code (ZIP): _____

Phone (Primary): _____ (Please include area code and extensions (if necessary))

Phone (Alternate): _____ (Please include area code and extensions (if necessary))

Emergency Information

Health Concerns / Allergies _____

Information we should have available in the event of an emergency, such as current prescription medications. You may also use this space to indicate over-the-counter medications you do not wish to be dispensed to your child.

Emergency Contact Phone): _____ (Please include area code and extensions (if necessary))

The phone number for the individual we should contact in the event of an emergency if we can't reach you at the numbers above. Please include area code and extensions (if necessary)

Insurance Information:

This information is optional, but could help expedite care in the event we cannot contact you.

Provider: _____

Policy Number: _____

Participation Agreement

Please read this agreement and indicate your acceptance below.

Liability Release / Disclaimer

I understand that the participant listed on this form will be attending a Destination Imagination Tournament.

By participation in an event by an Affiliate or Region, or other gathering related to the Destination Imagination program, the participant or participants' parents or participating guardian understands and hereby voluntarily agrees to release, waive, forever discharge, hold harmless, defend and indemnify Destination Imagination Inc., and their agents, officers, boards, volunteers, and employees from any and all liability and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services, or otherwise which may arise out of the participant's participation in activities related to the Destination Imagination event, including travel to and from the event.

Media Release

We (I) hereby grant permission for Destination Imagination, Inc. and their licensees to publish images of activities and of this participant for the purpose of promoting Destination Imagination®. We (I) grant this permission freely without reservation.

If the participant is under the age of 18:

Furthermore, we (I) are (am) the parent(s) or legal guardians(s) of this participant and hereby grant permission for him/her to participate fully in the tournament and hereby give permission to take him/her to a doctor or hospital and authorize medical treatment including, but not limited to, emergency surgery, tests, medications or x-rays. We (I) will assume all responsibility for all medical bills, if any. We (I) understand that if medical treatment is required we (I) will be contacted as soon as possible. Should it be necessary for my child to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) will hereby assume all costs.

Check here to indicate you are the parent or legal guardian of the participant described on this form, or the participant (if the participant is over 18) and that you agree to the Participation Agreement above.

Parent or Guardian Signature _____ Date _____