

Last Name: _____

Open-Rec Basketball

Emergency Contact Form and Waiver

Participants must check in each time and have an emergency contact form on file or they will be asked to leave.

Name		Gender		Age		Grade	
Name		Gender		Age		Grade	
Name		Gender		Age		Grade	
Name		Gender		Age		Grade	
Mailing Address		City		ZIP			
Parent/Guardian(s) Name							
Home Phone		Cell Phone					
Medical Concerns/Allergies							
Emergency Contact		Phone		Cell			

(In case the parent/guardian cannot be reached.)

Discipline Policy

All Students attending Open-Rec basketball must act in an appropriate manner, follow the direction of all volunteer parents and treat other students with respect.

The following items are the consequences for breaking the Open-Rec rules and the DCC rules:

1st Offense: Students will be reminded of the rules when they are broken.

2nd Offense: Student(s) will be asked to leave the school and the parent/guardian(s) will be contacted.

3rd Offense: If the student(s) are asked to leave more than once they will have to meet with the DCC Director and may lose the right to attend Open-Rec Basketball for the rest of the year.

I understand the discipline policy and agree to follow all rules of the Open-Rec Basketball Program.

Student signature _____ Date _____

IMPORTANT
Waiver of Participation

Return form to the Deerfield Community Center, 3 W Deerfield St. or bring it to open gym.
For more information please contact the community center at 764-5935

Last Name: _____

Please read and sign the following

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Deerfield Community Center (DCC), its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with youth programs (Programs) and in consideration for the DCC accepting the registrant for its Programs and activities, I hereby release , discharge and/or otherwise indemnify the DCC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same , which transportation I hereby authorize. As a parent or legal guardian of the above-named registrant, I hereby give consent for emergency medical care given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Printed name of Parent/Legal
Guardian

Signature

Date

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