

Open-Rec. Basketball Emergency Contact Form

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

Participant 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 manor, follow the direction of all volunteer parents and treat other students with respect.

The following are the consequences for breaking the Open-Rec. rules and 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 then once they will have to meet with DCC Director and may loose 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.

Students Signature _____ Date _____

IMPORTANT Waiver of Participation

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 organizations 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 the 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 the life, limb or well being of my dependent.

Printed Name of Parent/Legal Guardian

Signature

Date

Return form to the Deerfield Community Center, 3 W Deerfield St., PO Box 404, Deerfield, WI 53531 or bring it to open gym. For more information please contact Anne @ 764-5935