



2019-2020 K8 Athletic Registration Form

Soccer		Volleyball		Baseball/Softball	
Flag Football		Tackle Football		Track & Field	
Cheerleading		Basketball		Cross Country	

SECTION 1: PLAYER INFORMATION

Name: _____ Gender: Male Female
 Date of Birth: _____ Age: _____ Grade: _____
 School: _____ Divison: _____

SECTION 2: PARTICIPATION CONSENT

I, the parent/guardian of the named student, hereby give permission for my child, _____, to participate in the DPSCD K8 Athletic Program. I acknowledge that my son/daughter must abide by all school-based rules and all Rights and Responsibilities of Students as identified in the DPSCD Student Code of Conduct.

I acknowledge that my child's participation in the DPSCD K8 Athletic Program is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against DPSCD, its officers, representatives, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in a DPSCD-sponsored sport.

_____ INITIAL

SECTION 3: MEDICAL CONSENT

I, the parent/guardian of the named student hereby give permission for DPSCD coaches, volunteers, and staff to seek emergency medical treatment for my child if deemed necessary. I understand that I am financially responsible for any cost incurred as a result of emergency medical treatment sought on behalf of my child.

_____ INITIAL

SECTION 4: PARENT CONSENT TO TRAVEL IN VEHICLES NOT AUTHORIZED BY DPSCD

Waiver of Liability: My child/ward, etc. is participating in the aforementioned DPSCD sponsored activity and his/her transportation to and from the sponsored activity is not provided. Therefore, I have given my child/ward, etc. permission to travel in a vehicle that is not provided by or authorized by The Detroit Public Schools Community District.

Accordingly, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Detroit Public Schools Community District. I further covenant not to sue its officers, employees, and agents for liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from travel in the aforementioned manner, to and from the site of The Activity and all stops/points in between.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Detroit Public Schools Community District HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including attorney's fees brought as a result of my child's/ward involvement in The Transportation to and from The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Michigan. If any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect.

Acknowledgment of understanding: I have read this Waiver of Liability and Indemnity Agreement and fully understand its terms and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily; and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

_____ INITIAL

SECTION 5: STATEMENT OF UNDERSTANDING

By signing below, I affirm that the information submitted herein is truthful to the best of my knowledge and I agree to all of the terms and conditions of my child's participation in athletic programs administered by the DPSCD Department of Athletics.

Parent/Guardian Signature: _____ Date: _____