

GAME ON! City-Wide Open Studios Artspace Youth Basketball Tournament.

CONTACT INFORMATION (To be completed by parent/guardian)

| | | | | | | | |
|--|---------------------|-------------|---|---------------|----------------------|------------------------|--------------|
| Participant's Name <i>Must match birth certificate</i> | First | Last | Gender <input type="radio"/> F <input type="radio"/> M | Age: | Date Of Birth | Mo / Day / Year | |
| Parent/Guardian <i>Relationship to Participant</i> | First | Last | Address _____ | | | City | State |
| | | | No. | Street | | | |
| Zip Code | Phone Number | | Cell Phone | | Work Phone | | |

Name of Parent/Guardian 2: _____

Relationship to Participant: _____

Address (if different from above): _____

City _____ **State** _____ **Zip Code** _____

Telephone No.: (_____) _____ - _____

Email Address: _____

Emergency Contact Information (if parent/guardian can not be reached):

Name _____ **Relationship to Participant** _____

Phone No. (_____) _____ - _____ **Cell or work No.:** _____ - _____ - _____

| | |
|--|------------------------|
| GAME ON! City-Wide Open Studios Artspace Official Use Only: | |
| Registration Number: _____ | Witnessed by: _____ |
| Proof of Age Verified? YES NO | |
| Birth Certificate | Other (please explain) |
| | |

2016 GAME ON! City-Wide Open Studios Youth Basketball Tournament

Parental/Guardian Permission and Waiver

Participant Name _____

1. PERMISSION TO PARTICIPATE: I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in the GAME ON! City-Wide Open Studios Youth Basketball registration clinic, two day basketball tournament and team/squad activities, including a walking visit to the Artspace City-Wide Open Studios art exhibit at The Goffe Street Armory, 290 Goffe Street, across from De Gale Field.

I understand, hereby give my approval for, and assume any and all risk of my child's use of various playing surfaces and conditions, including, but not limited to, dry and wet natural and artificial grass, hard dirt, and court surfaces and I hereby acknowledge and understand that said surfaces may be regular or very irregular.

2. INTENT TO INFORM: I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in basketball, may result in SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH.

Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, sponsors, supervisors, participants, and persons participating in GAME ON! City-Wide Open Studios Artspace activities.

3. RELEASE OF LIABILITY: I hereby release GAME ON! City-Wide Open Studios Artspace, its officers, agents, board, members, guest and assigns from any and all liability arising out of any and all damage, loss or injury to Participant or Participant's property while participating in any and all activities related to GAME ON! City-Wide Open Studios Artspace.

4. COVENANT NOT TO SUE: I hereby agree that I will not, under any circumstances, initiate any legal action against GAME ON! City-Wide Open Studios Artspace, its Members, Guest, Agents, Board and Assigns, nor will Participant /Participant's Parents or Guardians assist in the prosecution of any such legal action filed by another, arising out of an injury to the Participant or property of the Participant while participating in the activities related to GAME ON! City-Wide Open Studios Artspace.

3. EMERGENCY MEDICAL AUTHORIZATION: There will be CPR and First Aid certified staff on hand during the registration clinic and during the tournament. I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participating in any and all GAME ON! Youth Basketball Tournament activities.

4. BEHAVIOR – Behavioral problems include: bullying, harassing other athletes, disregarding clinic and tournament rules, as well as other actions or words which disrupt activities. GAME ON! Staff will inform parents of any behavioral problems. Our event staff will work to ensure that all participants enjoy their activities. Repeated behavioral incidents may result in the child's dismissal from the tournament.

5. COMMUNICATION AND PROMOTIONAL CONSENT: As condition to my child's participation, I hereby consent to receive communications via email and mail from Artspace and its partners, I understand that Artspace does not sell its contact list and communications sent may contain program information as well as special offers and may be opted out of by following the instructions in the email or via written request to the Artspace Office. Furthermore, I grant to Artspace the absolute right and permission to make, reproduce, broadcast or otherwise use participants name likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in GAME ON! City-Wide Open Studios Artspace throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to Pop Warner, I hereby and forever waive any interest in or claim to such benefits and acknowledge that Artspace is under no obligation to exercise any rights granted herein.

6. ADULT CODE OF CONDUCT: S1: In order to uphold the goals of GAME ON! City-Wide Open Studios Artspace and ensure that all participants have the benefit of the a safe and fun learning environment, all parents, guardians, and other adults and attendees of GAME ON! City-Wide Open Studios, included but not limited to practices and competitions, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times. **S2:** Any adult who is using alcohol, tobacco, or non-prescription drugs and/or appears intoxicated at a GAME ON! City-Wide Open Studio Artspace event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and or/uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member,

participant or other event attendee, must receive a verbal warning and/or asked to be removed from the event. The adult's children may also be removed from the event. **S3:** Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all GAME ON! City-Wide Open Studios Artspace events.

7. ADHERENCE TO GAME ON! CITY-WIDE OPEN STUDIOS ARTSPACE YOUTH BASKETBALL TOURNAMENT RULES AND

PROCEDURES: I hereby understand and acknowledge that as a parent/guardian of a GAME ON! Youth Basketball participant it is my responsibility to comply with all rules and regulations stipulated, adapted or recognized by GAME ON! City-Wide Open Studios Youth Basketball or any of its member organizations and understand that any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of the participant, myself and/or any spectators or other persons affiliated with the undersigned and the above participant. I further understand that the participant must meet GAME ON! City-Wide Open Studios Youth Basketball Tournament age and/or weight requirement on their official certification dates on their official certification date as established by GAME ON! City-Wide Open Studios Youth Basketball Tournament *without exception* and that the decision of the official is final. I agree to furnish an authentic certified copy of a birth certificate of the above named participant to GAME ON! City-Wide Open Studios Youth Basketball registration clinic officials and understand that valid proof of age, a current calendar year's signed medical release, and these forms must be presented by date of certification in order to participate in GAME ON! City-Wide Open Studios Youth Basketball Tournament activities. I/we hereby hold GAME ON! City-Wide Open Studios Youth Basketball Tournament harmless of any financial loss as the result of any disciplinary action.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINT FULL LEGAL NAME _____

DATE ____/____/____

2016 Physical Fitness & Medical History Form

Special Note: This form must be dated after January 1, 2016 and then submitted to GAME ON! City- Wide Open Studios Youth Basketball Tournament officials. No other forms are acceptable.

Section I : For Parent/ Guardian Completion Only

Legal name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ Date of Birth: _____ Male ___ Female ___

Participant Medical History

- | | | |
|---|-----|----|
| 1. Are there any injuries requiring medical attention? | Yes | No |
| 2. Are there any past surgeries or scheduled surgeries? | Yes | No |
| 3. Is there any history of concussions and/or head injuries? | Yes | No |
| 4. Is the participant currently under the care of a medical practitioner? | Yes | No |
| 5. Is the participant currently taking any medications? | Yes | No |
| 6. Does the participant have any allergies (penicillin, bee stings, etc)? | Yes | No |
| 7. Does the participant have asthma/require the use of an inhaler? | Yes | No |
| 8. Is the participant diabetic/require medication for diabetes? | Yes | No |
| 9. Does the participant carry sickle cell trait/suffer from sickle cell disease? | Yes | No |
| 10. Does the participant currently require medication? | Yes | No |
| 11. Does/has the participant have/had seizures? | Yes | No |
| 12. Does the participant wear glasses or contact lenses? | Yes | No |
| 13. Does the participant wear a brace or other medical support device? | Yes | No |
| 14. Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered YES to any of the questions, please provide the question number and an explanation in the following space and/or attach to this form:

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also

understand that it's my responsibility to obtain written permission from my child's physical on official medical stationary in order to seek permission for my child to resume participation after any all such injury, illness or accident.

Signature of Parent or Legal Guardian: _____

Print Name: _____

Relationship to Participant: _____ Dated _____