



Complete registration/waiver form and submit with payment to the Downtown Athletic Club

Registration Information

Basketball

Dance

Youth #1

Name _____ Date of Birth ____/____/____ Age _____ Sex _____

Shirt Size Youth Medium Youth Large Adult Small Adult Medium Adult Large

Program(s) _____

Youth #2

Name _____ Date of Birth ____/____/____ Age _____ Sex _____

Shirt Size Youth Medium Youth Large Adult Small Adult Medium Adult Large

Program(s) _____

Youth #3

Name _____ Date of Birth ____/____/____ Age _____ Sex _____

Shirt Size Youth Medium Youth Large Adult Small Adult Medium Adult Large

Program(s) _____

Parent/Guardian Information

Name _____ Date ____/____/____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Event shirts will be for sale at \$15.00 each. Please indicate number of shirts next to the sizes provided.

_____ Small _____ Medium _____ Large _____ X Large _____ XX Large _____ XXX Larger

DAC Member? Yes No, but would like to learn more No, and not interested in learning more

Payment

Select One: Check Cash Credit Card

Payment Date: ____/____/____

Payment Amount: \$ _____

Signature Required On Page 2

- Waiver of Responsibility and Photo Release
- Medical Treatment Authorization



Waiver of Responsibility and Photo Release

In consideration of the acceptance of my child(ren)'s participation in the **Full Court Experience** at the Downtown Athletic Club *Powered by Cooper Aerobics* ("DAC"), I, the undersigned parent (or legal guardian), hereby agree and acknowledge the existence of certain risks inherent in the activities which take place at the DAC, and hereby agree to assume the full risk and responsibility for any injury my child(ren) may sustain in the course of their use of the DAC facilities and/or equipment. Specifically, the undersigned accepts full responsibility for, and hereby waives any claim he/she may have against the DAC, and any other entities or persons that have an interest, directly or indirectly, as tenant or landlord, in the facility or any part thereof, for any injury to any participant or property arising from or related to any youth programs activity. In addition, the undersigned hereby accepts full responsibility for, and hereby waives any claim he/she may have against the DAC for any injury to youth programs participants or property arising from their use of the DAC facilities in general, including but not limited to sprains, abrasions, contusions, broken bones, insect bites or from any other hazard on the grounds.

In addition, the DAC reserves the right to dismiss any child from the program who causes disruption to the program. The DAC shall not be responsible or liable to members or guests for articles damaged, lost, or stolen in or around the DAC, or for loss or damage to any property, including but not limited to automobiles and the contents thereof.

Having read the preceding, the undersigned, for himself/herself and on behalf of his/her executors, administrators, heirs, assigns, and successors, acknowledge his/her understanding of those risks forth herein, knowingly agrees to accept full responsibility for his/her own exposure to such risk and does hereby expressly forever release and discharge the DAC, its owner, officers, employees, agents, or assigns of causes of action. In addition, the undersigned hereby agrees to indemnify the DAC, its owner, officers, employees, agents, and successors for any and all costs, liabilities, and losses arising from the undersigned's or his/her guest's injury at the DAC.

In addition, I hereby authorize the use of photography which may include pictures of my child(ren) to be used in current and future publicity for the DAC.

Parent/Guardian Signature _____

Date ____/____/____

Print _____

Medical Treatment Authorization

It is my understanding that the DAC staff will attempt to notify me in case of a medical emergency involving my child. If the DAC staff cannot reach me, I authorize the staff to hire a doctor or health care professional and I give my permission to the doctor or health care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

Parent/Guardian Signature _____

Date ____/____/____