

DWIGHT D AND SHERYL H HOWARD FOUNDATION 2nd Annual "HOLIDAY HOOPLA"

SATURDAY DECEMBER 19TH and SUNDAY DECEMBER 20TH

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ Shirt size: S M L XL XXL

School: _____

Grade: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

County: _____ Telephone: _____ cell: _____

Parent email: _____

 Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Emergency contact: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Contact Information:

For more information, contact Rebecca Briscoe, at (409) 504-0569

Email: briscoerbrs@aol.com

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Student Medical Problems / Allergies _____

Parent/Legal guardian Signature _____ Date _____

Who is financially responsible for the student? _____

I hereby give permission to **ON-Site Media** to photograph and/or videotape the student for brand awareness or promotional purposes. _____ (Initial)

PARENT STATEMENT:

I hereby state that (name) _____ is in good mental and physical health condition to participate in the activities provided by **this event**, including but not limited to all aspects of basketball and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **any personnel, its employees and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **this event**, including any other event associated, sponsored and or sanctioned by **this event**, and or travel to and from such activities.

I understand that if permitted, there is a right to deny admittance to any student not meeting the standards of this event as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of the event, etc.) or becomes involved in any activity or with any persons not associated with **this event**, or its scheduled program and that **any personnel**, has the right to ask that the child be removed from the event for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and agree to comply.

Parent Signature _____ Date _____

Teacher/Coach/Principal Referral:

(Student Name) _____

Please briefly state why you referred this student:

Teacher Signature _____ Date _____

STUDENT:

Please write in 100 words or less why you would like to be a part of the 2nd Annual Holiday Hoopla:

