



## **“Preventative Diabetes” Skillz Challenge: Sponsored by Earth Fare**

### **Registration /Consent Form**

Please complete and print clearly. This information will remain confidential and is required data for contact purposes.

Gender (check one):  Male  Female

### **Child’s Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Best way to be reached (check one):  Home Phone  Cell Phone

Existing medical conditions:

\_\_\_\_\_

Known allergies:

\_\_\_\_\_

Current medications:

\_\_\_\_\_

### **Medical Information**

Family Physician’s Name: \_\_\_\_\_

Physician’s Phone #: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Child Parent's Information**

Parent Name: \_\_\_\_\_

Parent Address (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact**

In case of emergency, contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Additional emergency contact:

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Consent:**

Acknowledgement and Consent: I understand that DAE Foundation uses local recreational facilities and understand that all centers are operated by separate governing bodies. From time to time, the use of these facilities will have to be changed to accommodate their programs. The upkeep and maintenance of these facilities are beyond the control of DAE Foundation. However, we will address any unsafe conditions and make the operators aware of this; we will not utilize any courts that are unsafe. DAE Foundation will be authorized to utilize any photographs or videos of my child that may be taken during involvement in their training activities. I consent to such uses and hereby waive any rights of compensation.

Waiver of Liability & Disclaimer: In consideration of my child's membership, and any participation in the activities and special programs or events of DAE Foundation on behalf of myself and my child and any heirs or assigns of myself or my child, waive, release, and agree to defend and hold harmless DAE Foundation, and its sponsors, staff members, board of directors, and any other affiliated persons and/or vehicle drivers from any and all claims, injuries, death, damages, and demands arising or in any way resulting from or connected to any training-related event, activity, program, or property. I attest and verify that I have full knowledge of the risks involved in basketball training-related events, activities, programs, and properties and that I will, on behalf of the my child, assume and pay any medical or emergency expenses. I further acknowledge that my child is physically fit to participate in the programs or other activities of DAE Foundation.

Emergency Authorization: I, the undersigned, as parent/guardian of my child, hereby authorize the staff of DAE Foundation, its sponsors, and vehicle drivers as my agents to consent to medical, surgical, dental examination or treatment of my child. In case of emergency, I hereby authorize treatment or care at any hospital or by any licensed medical personnel.

**NOTE: YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND ACCEPT THE POLICIES/CONDITIONS OF DAE FOUNDATION AS DESCRIBED ABOVE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

DAE Foundation  
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Phone 843-460-8389