

PERSONAL INFORMATION (PLEASE PRINT)

Full Name : _____

Sport Program : _____

Date Of Birth : ____/____/____ Gender : _____

Address : _____

Phone Number : _____ Cell : _____

E-Mail : _____

Shirt Size Youth Adult
 Small Medium Large X_Large XX_Large

Please let us know about any accommodations required or limitations that may affect your participation

EMERGENCY CONTACT DETAILS

Contact Name : _____ Home Number : _____

Relationship : _____ Mobile Number : _____

MINOR AUTHORIZATION AND PHOTO RELEASE

Photo release statement: I also hereby consent, without further consideration or compensation, to use (full/partial) of all photos, audios or videos made of myself, my child or family members during DSF sporting events, for the purposes of events documentation, promotional materials or web content. Further, I release DSF and its volunteers from any liability, which may arise from the use of those photos.

Signature

Date

I, the undersigned, do hereby grant permission for my son/daughter, named on this form, to participate in the above mentioned DSF Program/event.

Signature (Parent/Guardian if Minor under 18)

Date

More Information :

-  PO Box 893011 Temecula, CA 92589-3011
-  858-922-6675
-  www.disabilitysportsfoundation.org
-  info@disabilitysportsfoundation.org

Please download, sign and submit waiver with registration:
www.disabilitysportsfoundation.org/waiver