

# Participant Contract, Boys Football (5-15 yrs) 2008-2009:

Current Programs: indicate which sport you are applying for		
<input type="checkbox"/>	Boy's Football (Flag – 5-6 years)	Cost = \$65.00
<input type="checkbox"/>	Boy's Football (Tackle – 7-8, 9-10, and 11-12 years)	Cost = \$85.00
<input type="checkbox"/>	Boy's Football (Tackle – 13-15 years)	Cost = \$115.00

Full payment is to be made to:  
Downtown Durham Athletic Association at the time of application  
submission

## Downtown Durham Athletic Association

c/o 345 West Main, Ste. 201  
Durham, NC 27701  
919-433-2418

(Visit [www.ddathletic.org](http://www.ddathletic.org) for more information, updates, and availability.)

## Introduction and Instructions

This contract must be completed in its entirety. Failure to submit a completed contract will result in your child being ruled ineligible. Only one child per application is allowed. Please review each section carefully, complete and sign the contract where indicated, and return the completed forms and a legible copy of your child's birth certificate, along with the *full payment* to:

Downtown Durham Athletic Association  
c/o 345 West Main, Ste. 201  
Durham, NC 27701

### Section A

#### Downtown Durham Athletic Association: Participant Information

Participant name: (last) \_\_\_\_\_, (first) \_\_\_\_\_, (MI) \_\_\_

School affiliation (if signing up for a affiliate school team): \_\_\_\_\_

Home address: (street) \_\_\_\_\_ (city) \_\_\_\_\_ (zip) \_\_\_\_\_

Phones – day: \_\_\_\_\_, evening: \_\_\_\_\_

Date of birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

Gender: (male) \_\_\_\_\_ (female) \_\_\_\_\_

Parent email: \_\_\_\_\_

### Section B

#### Downtown Durham Athletic Association: Acknowledgement

I, the undersigned, and on behalf of my child, acknowledge through my signature the following:

- I agree to play/participate with Downtown Durham Athletic Association during the indicated sport's playing season or until given a written release by the team coach or Downtown Durham Athletic Association administrator, with said release duly recorded in the office of Downtown Durham Athletic Association.
- I have read and am aware of all rules governing the organization, administration, and play for this league and promise to observe carefully and abide by these rules and regulations of Downtown Durham Athletic Association (including Rules and Conduct) and the league to which the above sport/team, through Downtown Durham Athletic Association, is a member.
- All property held by me and belonging to Downtown Durham Athletic Association will be returned upon the conclusion of the program or by request at any time.
- My signature hereby constitutes my knowledge that a risk of accidental injury may result from participation in this recreational activity, and I understand it is highly advisable that all participants secure their own medical and other applicable insurance prior to participating.
- All information provided by me herein is true and correct.
- Further, I am solely responsible for the drop-off and pick-up of my child for practice, team meetings, and/or games. I understand, as well, that this includes any times when practice, meetings, and/or games are held early, shortened, or cancelled; and Downtown Durham Athletic Association is in no way responsible for my child either before or after practice, meetings, and/or games.

**Section C**

**Downtown Durham Athletic Association: Emergency Information**

Participant's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Pager: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_ Pager: \_\_\_\_\_

List two local persons who will assume temporary care of your child if you cannot be reached:

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Section D**

**Downtown Durham Athletic Association: Medical Information**

Medical Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber's ID # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

My child has an allergy, chronic illness or physical handicap:    YES                    NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Office Address: \_\_\_\_\_ After hours: \_\_\_\_\_

**Section E**

**Downtown Durham Athletic Association: Release, Indemnification, and Signature (Permission Slip)**

I am applying (including acting on my child's behalf in doing so) to participate in sporting and/or other related events and procedures that involve strenuous activity that may include risks such as, but not limited to, physical exertion, falls and contact with other participants. Further, some of the risks may be significant. I hereby expressly assume all risks, including personal injury and fatality, arising out of my child's participation in Downtown Durham Athletic Association programs and related affiliate activities.

It is my responsibility to ensure that my child's clothing and equipment are properly fitted and appropriate for use in this event(s). I represent and warrant that my child is physically fit and able to participate in Downtown Durham Athletic Association programs. My child agrees to stop and request assistance if he/she experiences any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions that would make it difficult or unsafe to continue.

I also hereby authorize emergency medical treatment for my child in the event of any injury sustained during participation in Downtown Durham Athletic Association programs or activities. I hereby authorize any health-plan-participating or non-participating physician, hospital or other health provider to give emergency medical care and treatment to my child at no cost to Downtown Durham Athletic Association and/or its affiliates. I, the undersigned, have read this medical authorization consent and declare and affirm consent to the content stated herein.

Further, I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless Downtown Durham Athletic Association, its affiliates, officers, directors, volunteers, and employees and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my child's participation in this event and related activities – whether it results from the negligence of any of the above or from any other cause. Furthermore, I authorize the use, copyright, or publication of my child's name, image, or voice as may be captured by photographs or recording while participating in this event in any medium for any purpose, including illustration, promotion or advertisement, including those that may or may not be affiliated with Downtown Durham Athletic Association.

The forgoing release and indemnification agreement shall be as broad and inclusive as is permitted by the state or province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand, and agree to the terms of this Downtown Durham Athletic Association: Release and Indemnification (Permission Slip) and all sections herein.

Further, I am the legal guardian of the participant, and I hereby consent to his/her participation in Downtown Durham Athletic Association programs and related affiliate activities. I have read and explained all sections of the foregoing Downtown Durham Athletic Association application agreement herein to my child, and I hereby agree to the terms in all sections herein on behalf of myself, as well as for my participating child.

Parent/Guardian's Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Printed Name: \_\_\_\_\_

Participant's Signature (required if 18 years or older): \_\_\_\_\_ Date: \_\_\_\_\_