



# PARTICIPANT REGISTRATION

TEAM NUMBER: \_\_\_\_\_ (Team Manager to fill this out.)

You may submit this information online at [www.RegisterYourTeam.org/participant](http://www.RegisterYourTeam.org/participant) using the Team Number above. If you are not able to submit online, please fill out this form and return it the Team Manager.

## PARTICIPANT INFORMATION

Name: First _____		Last _____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other			
/ /			
Birth Date (mm/dd/yyyy)		Current Grade	

## PARENT/GUARDIAN INFORMATION

Name: First _____		Last _____	
Email Address _____			
Address _____		City, State _____	
( )		( ) Zip _____	
Phone (Primary) _____		Phone (Alternate) _____	

## EMERGENCY INFORMATION

**Health Concerns/Allergies**  
Information we should have available in the event of an emergency, such as current prescription medications. You may also use this space to indicate over-the-counter medications you do not wish to be dispensed to your child.

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**Emergency Contact Phone:** ( ) \_\_\_\_\_  
The phone number for the individual we should contact in the event of an emergency if we can't reach you at the numbers above. Please include area code and extensions (if necessary).

## PARTICIPATION AGREEMENT

**Liability Release / Disclaimer**  
I understand that the participant listed on this form will be attending a Destination Imagination Tournament.

By participation in an event by an Affiliate or Region, or other gathering related to the Destination Imagination program, the participant or participants' parents or participating guardian understands and hereby voluntarily agrees to release, waive, forever discharge, hold harmless, defend and indemnify Destination Imagination Inc., and their agents, officers, boards, volunteers, and employees from any and all liability and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services, or otherwise which may arise out of the participant's participation in activities related to the Destination Imagination event, including travel to and from the event.

**Media Release**  
We (I) hereby grant permission for Destination Imagination, Inc. and their licensees to publish images of activities and of this participant for the purpose of promoting Destination Imagination®. We (I) grant this permission freely without reservation.

**If the participant is under the age of 18:**  
Furthermore, we (I) are (am) the parent(s) or legal guardians(s) of this participant and hereby grant permission for him/her/them to participate fully in the tournament and hereby give permission to take him/her to a doctor or hospital and authorize medical treatment including, but not limited to, emergency surgery, tests, medications or x-rays. We (I) will assume all responsibility for all medical bills, if any. We (I) understand that if medical treatment is required we (I) will be contacted as soon as possible. Should it be necessary for my child to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) will hereby assume all costs.

**Pin Creation Guidelines**  
In the event that we (I) design or create any pins, we (I) agree to adhere to all guidelines set forth by Destination Imagination, Inc. and my (our) Affiliate regarding pin creation. These include, for example, avoiding copyright infringement and using licensed vendors. A summary of these requirements can be found at [www.destinationimagination.org/pin-vendors](http://www.destinationimagination.org/pin-vendors).

*I acknowledge that I am a parent or legal guardian of the participant described on this form, or the participant (if the participant is over 18) and that I agree to the Participation Agreement above.*

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_