



**DMUSD  
JR. OLYMPIC SKILLS COMPETITION**

*PLEASE RETURN TO SCHOOL OFFICE BY  
May 18, 2012*

**2012 OFFICIAL REGISTRATION FORM**

**(Participants must be 8-13 years of age as of August 31<sup>st</sup>, 2012)**

PARTICIPANT'S NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

AGE AS OF AUG. 31, 2012 \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER M or F

**SPORT COMPETING: BASKETBALL SOCCER TENNIS TRACK & FIELD**

**(CIRCLE ALL THAT APPLY)**

**RELEASE AND AUTHORIZATION**

On behalf of myself and \_\_\_\_\_, the child for whom I am the parent or legal guardian, I hereby release from liability, discharge, hold harmless, and relinquish and waive any liability of the Del Mar Union School District, DMUSD Physical Education Department, and all employees, directors, officers, agents, representatives, volunteers and independent contractors such entities, (collectively, the "Releasees"), and hereby assume the risk for, any injury and/or loss incident to my child's involvement in the Jr. Olympic Skills, whether caused by the negligence of the Releasees or otherwise, except to the extent that such injury and/or loss is the result of the gross negligence or wanton misconduct of the Releasees. To the best of my knowledge, my child is in good physical condition and does not have any health problems that would be aggravated by participation in Jr. Olympic Skills. I consent to all emergency medical treatment for my child as may be deemed appropriate by medical personnel.

By signing below, I acknowledge that I have carefully read the information and agree to the terms stated above.

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

Print Parent/Guardian Name \_\_\_\_\_