



**PARENT/GUARDIAN CONSENT AND LIABILITY**

My daughter/son has my permission to participate in the DCCA competition known as: \_\_\_\_\_.

I acknowledge and understand and agree that in taking part in this competition and related activities that there is a possibility of physical illness or injury and that the participant is assuming the risk of such illness or injury by participating.

I give my permission to this competition, its coaches and any volunteers to take the necessary measures for my child to receive medical attention in case of any injury.

As a condition for my daughter's/son's participation, I have agreed to release the school, coaches and all other parties concerned from any personal injury, theft and/or damages to my child or property, and I understand that the venue, coaches and all other parties concerned will not be held responsible by me for the above.

I acknowledge that my child may be videotaped or photographed and that, once taken, such videos and photographs may be published at any time, in any form of media. I release the host from any and all liability arising out of or in connection with the above-described activities.

**THIS FORM WILL NOT BE ACCEPTED WITHOUT BEING SIGNED BY THE PARTICIPANT, THE PARENT/GUARDIAN AND COACH.**

Team/Organization Name: \_\_\_\_\_ Division: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_