**Destination Imagination Registration Form**

Please Print

**Participant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_ Homeroom Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Must be LEGIBLE; this will be our primary communication method)**

**Previous Participation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Team Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have read the Rules and Participation Guidelines and agree to abide by them. I will be available for the Regional Tournament on **February 3, 2018 and March 24, 2018** at Mount Vernon, OH if my team advances to the State Tournament.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Signature**

**Parent Commitment: Every DI participant must have a parent contribute to help the team in some capacity. Each team must have adults in the following areas. Please indicate your top 3 preferences below. The School Coordinators will assign the positions for each team based on your input. If you simply check the spaces, you will be assigned as needed.**

**\_\_\_\_\_\_\_\_\_\_\_Team Manager \_\_\_\_\_\_\_\_\_\_Assistant Team Manager**

Each team needs a Team Manager and Assistant Team Manager, or two Co-Team Managers. Team Manager Training will be held on either **Saturday October 7th, 2017 from 9-12** at Mariemont High School. All new managers must attend this training.

**\_\_\_\_\_\_\_\_\_\_\_Tournament Appraiser**

Each team must provide an appraiser. This requires you to appraise at the regional tournament **AND** at the state tournament if your team advances. All appraisers must attend training, which will be held on **January 20th, 2018from 9-1** at Mariemont High School. Appraisers will NOT see their child(ren) compete.

**\_\_\_\_\_\_\_\_\_\_\_Tournament Volunteer**

Each team must have 2 volunteers to work 2 hours (or 1 for 4 hours) at the regional tournament and at the state tournament if your team advances.

**(Please complete Permission Slip and Liability Release and signatures)Mariemont Destination Imagination (DI)**

**PERMISSION SLIP & LIABILITY RELEASE**

I. My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to participate in any DI related activities, DI activities include, but are not limited to: team meetings at school or at the home of a team member, field trips, shopping trips, and various building and physical activities.

II. By signing this form I acknowledge that the normal and usual activities involved in DI can include the risk of serious illness, injury, and death. By signing this form I am releasing the Mariemont Destination Imagination program, and any employee, volunteer, or agent of same, from any liability, whether known or unknown.

III. By signing this release the undersigned participant and parent or guardian HEREBY AGREES TO WAIVE, RELEASE, DISCHARGE, INDEMNIFY AND HOLD HARMLESS Mariemont Destination Imagination program, and any employee, volunteer, or agent of same, FROM ANY AND ALL CLAIMS FOR DAMAGES FOR DEATH, PERSONAL INJURY OR PROPERTY DAMAGE WHICH MAY HEREAFTER ACCRUE AS A RESULT OF ANY PARTICIPATION IN ANY Mariemont Destination Imagination program, related activity or event.

IV. I also understand that I may exempt my child from this general release only by non-participation in a particular activity or event.

V. In the event that I cannot be reached in an emergency, below is the contact information for my child’s doctor. In any event I hereby give my permission to the physician or hospital selected by the adult leader in charge to secure treatment, including hospitalization for my child.

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy or Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have read the Destination Imagination Team Rules and Participation Guidelines and I agree to comply with them. My child will be available to compete at the regional and state tournaments. I understand the need for parents of participants to volunteer their time and I will perform the duties necessary to support my team and Team Manager.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature

**After completing both sides of this form, return it AND YOUR REGISTRATION FEE of $50 (make check payable to ME PTO) to Amanda Conners at 3969 Miami Road by Friday, September 19th, 2017. Questions? Call Amanda at 859-750-8618 or Terri Hurt 724-719-5482.**