



D.R.E.A.M.S. Basketball

*Saturdays - 10:00-11:00am
Cathedral Carmel Gym
\$30.00 - Four Games*

Name of Participant: _____ Date of Birth: _____

Sex: _____ Size Shirt: *(Circle child or adult and size)* Child / Adult - SM M L XL 2XL 3XL

Street Address: _____

City: _____ State: _____ Zip: _____

Guardian Name: _____ Phone #: _____

Primary E-mail: _____ Other Phone: _____

Disability/Needed Accommodations: _____

RELEASE OF LIABILITY/CONSENT FOR MEDICAL TREATMENT/EQUIPMENT

As parent or guardian of the registrant, I agree to abide by the rules and regulations set forth by the DREAMS Foundation of Acadiana. I hereby release, discharge and/or otherwise indemnify the Foundation under these civil entities, the sponsors, its employees, volunteers and other associated personnel against any claim by, or on behalf of, the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care and transportation prescribed by a duly licensed Doctor of Medicine, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I also understand that I am financially responsible for such consented emergency measures.

Parent/Guardian Signature _____ Date: _____

PHOTO AND VIDEO RELEASE

I grant permission to the D.R.E.A.M.S. Foundation of Acadiana to use my/my child's photograph and video, including those previously taken, to release to any newspaper, television program, radio program, or internet site as part of sharing the good work that the Foundation does and/or publicizing my child's accomplishments.

I understand that pictures may be taken of me/my child at any event or activity held by the Foundation, and grant permission for any such pictures to be used in the promotion of Foundation activities and related programs and events.

Parent/Guardian Signature _____ Date: _____

***Please make checks payable to D.R.E.A.M.S. Foundation of Acadiana and mail to the following address:
113 Oil Center Dr.
Lafayette, LA 70503***