



Please note: The Detroit City Lions Youth Club follows ALL COVID-19 directives as mandated by the CDC, federal, state, and local government.

Detroit City Lions YOUTH CLUB Registration Form

Player Information

Name: _____ Birthdate: _____
School: _____ Grade in Fall: _____ Height: _____ Weight: _____
Which DCL program are you registering for?

Parental Information:

Father's Name: _____ Mother's Name: _____
Address: _____ Address: _____

Phone: _____ Phone: _____
Cell: phone: _____ Cell: phone: _____
Email address: _____ Email address: _____

In Case of Emergency

Medical Conditions: _____
Allergies: _____
Family Doctor: _____ Phone: _____
Emergency contact: _____ Phone: _____

FAMILY PARTICIPATION

Parents must participate in the club for it to function well. We need every family to volunteer no less than 20 hours. If you do not complete your volunteer hours, you will be asked to pay a volunteer fee of \$ 45.00. This is a per family fee and is paid at equipment pick up. This is to encourage volunteerism. The volunteer fees that are collected, will go directly to purchasing lunches or snacks for the program that your child is a part of.

_____ I do not wish to volunteer, and I will pay my \$45 volunteer fee.
_____ I wish to volunteer in the any areas indicated (please select at least three)

- | | |
|--|--|
| <input type="checkbox"/> Registration | <input type="checkbox"/> Banquet |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Coaching (application & qualification required) |
| <input type="checkbox"/> Temperature Check-In | <input type="checkbox"/> Fundraisers |
| <input type="checkbox"/> Equipment distribution/return | <input type="checkbox"/> Field Maintenance |
| <input type="checkbox"/> Weigh-ins (must MD or R.N.) | <input type="checkbox"/> Chains & Clock (field set up/clean up) |
| <input type="checkbox"/> Team Manager/Team Mom or Dad | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Videographer | <input type="checkbox"/> Robotics Program Helper |
| <input type="checkbox"/> Theater Arts Program Helper | <input type="checkbox"/> Culinary Arts Program Helper |

If interested in lead role, circle area below:

- | | | | |
|----------------|----------------------|--------------|-----------|
| Concessions | Chains & Clocks | Registration | Banquet |
| Equipment | Temperature Check-In | Fundraising | Volunteer |
| Program Helper | | | |

Registration fee is non-refundable (exceptions per parent handbook). We accept multiple forms of payment, please make cashier checks only payable to Detroit City Lions Youth Club.

I certify that all information is accurate. I agree to abide by the rules and regulations of the Detroit City Lions Youth Club and hold the organization, its Officers and Board of directors and coaches, free and harmless of any liabilities that may arise while I or my child/children is/are participating in the club activities. The club has my permission to seek emergency treatment as deemed necessary in my absence.

PARENT'S SIGNATURE: _____ Date: _____

DETROIT CITY LIONS YOUTH CLUB

Programs & Services

Consent, Waiver and Release of Liability, Photo and video release

On behalf of my minor child _____, I hereby give permission for my child to participate in Detroit City Lions Youth Club Programs. I hereby warrant that both I and my child are familiar with the risks associated with participation in activities. I acknowledge that my child's participation in this program is wholly voluntary.

I do hereby agree and consent to my child's participation in DCL and do assume all risks and hazards which part of the conduct of the associated activities are. I hereby release, absolve, indemnify, and hold blameless Detroit City Lions Youth Club, current leagues, its officers, directors, employees, contracted employees, independent contractors, instructors, agents, organizers, and volunteers of all liability for damage, injury, or expense of any kind arising out of or connected with my child's participation in this organization. I understand that in case of a medical emergency, my own personal medical plan will be used. As a condition of participation in DCL, the youth named in this application, I acknowledge that I have read this consent form, and knowingly, on behalf of my child, assume all of the risks associated with participating in any way with DCL programs.

As consideration for being permitted to participate in DCL programs, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make claim against, sue or attach the property of Detroit Public Schools Community District, current practice location, current game field location, or their affiliates or the supplier of any of the equipment used in these activities for injury or damage resulting from negligence, failure of care, omission or other acts, howsoever caused by an employee, agent or contractor of DPS incidental to my child participation in these activities. I hereby release, to the fullest extent permitted by law, the DCL, current football/cheer league, DPS, current practice/game location, and the affiliates, from any and all actions, claims, demands, or liabilities that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my son/daughter's participation in these activities irrespective of whether the same is based on breach of warranty, negligence, strict liability or any other theory or recovery.

I/we, understand that as part of our child's participation in DCL, photos, videos, electronic images, audio recordings and quotations of my daughter/son may be taken for use in publications and reports about the program. We grant permission to use such materials of the program. Trip permission
This form, when returned signed indicates parental awareness and grants permissions for the child to participate in any trips or transport to remote game locations, via chartered bus or private vehicle to performances.

Legal Guardians/Parents Signature _____

Date _____

Emergency Medical Treatment, Consent and Information

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form or attach additional pages as needed. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participant's coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

ATHLETE INFORMATION				
Athlete's Name:		Nick Name:		Phone: ()
Address:		City:		State: Zip:
PARENT OR GUARDIAN INFORMATION				
Father's Name:				
Address:		City:		State: Zip:
Hm Phone: ()	Daytime Phone: ()		Email:	
Employer:				
Mother's Name:				
Address:		City:		State: Zip:
Hm Phone: ()	Daytime Phone: ()		Email:	
Employer:				
Guardian's Name:				
Address:		City:		State: Zip:
Hm Phone: ()	Daytime Phone: ()		Email:	
Employer:				
FAMILY MEDICAL INSURANCE				
Carrier:		Group:		
Policy #:		Group #:		
Policy Holder Name:				
Family Physician's Name:				
Dr's Address:		City:		State: Zip:
Phone: ()	Fax: ()		Email:	
EMERGENCY MEDICAL INFORMATION				
Preferred Hospital(s):				
EMERGENCY CONTACT:			Phone: ()	Relationship:
Please list any medical conditions (allergies, asthma, etc.) And medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel: (please note if no information is given and the words "none" or "n/a" is not filled in then, "none" will be assumed.				
Allergies:				
Medical Conditions:				
Other:				

*I as evidenced below hereby grant permission for my child/ward to participate in any and all Detroit City Lions program(s) event(s), including but not limited to, athletic, social and/or fundraising activities. I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.

****Print Parent/Legal Guardian Name***

****Signature Parent/Legal Guardian***

****Date***

The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed forms should be stored in a secure location with access restricted to those on a need-to-know basis for the purpose of medical care

**As the parent or guardian of the athlete I am registering for a Detroit City Lions Youth Program, my athlete must complete four mandatory financial literacy modules with a family member in partnership with Citizen's Bank. These modules, must be completed within one year.

Parent /Guardian Signature

Date

