

2018-19 Destination Imagination Registration Form

Registration Deadline is September 28th, 2018

Please Print

Participant's Name: _____ Child's Birthdate: _____

School: _____ Grade: _____ Teacher: _____

Address: _____

Parent Name: _____ Parent Cell Phone: _____

Parent Email: _____

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

I understand that by filling out this form, I am requesting to have my child placed on a DI team; however, this form does not guarantee my child a spot on a team. The number of available spots are limited by the number of parent volunteers and that the children of volunteers receive priority.

I or another adult will attend the Regional Tournament with my child on **Saturday, March 2, 2019**.

Parent Signature

Child's T-Shirt Size (circle one): YS YM YL AS AM AL AXL

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 in October in Wilmette. All new managers must attend this training.

_____ **Tournament Appraiser**

Each team must provide an appraiser. This requires you to appraise (judge) at the regional tournament **AND** at the state tournament if your team advances. Appraising requires a training session, which will be held early 2019. Appraisers will probably NOT see their child(ren) compete.

_____ **Tournament Volunteer**

Each team must have 1 volunteers to work 2-4 hour shift at the regional tournament and at the state tournament if your team advances.

(Please complete Permission Slip and Liability Release and signatures on the other side of this form.)

**Wilmette District 39 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 Wilmette District 39 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 Wilmette District 39 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 Wilmette District 39 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/Group#: _____

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

Participant Signature : _____ **Date:** _____

Printed Name: _____

Doctors Name: _____ Telephone Number: _____

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(s).

Parent Signature