



# Registration and Permission Form

For Office Use:
Membership: New Returning
Paid: _____
(circle) Cash Check Credit Card
Member Card Given: Yes No
Staff Entering Data: _____

## Participant Information

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

Gender: \_\_\_ Female \_\_\_ Male      Birth Date: (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*\*ATTENTION PARENTS – EMAIL ADDRESS REQUIRED FOR COMMUNICATION PURPOSES\*\*\***

Primary Email: \_\_\_\_\_      Secondary Email: \_\_\_\_\_

## Health Information

Are there any medical conditions (allergies, medications, etc.) or disabilities that may have a bearing on your child’s participation in The First Dink program? \_\_\_ No \_\_\_ Yes. If yes, please explain (attach additional sheet if needed): \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(other than parent/guardian)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Medical Emergency Statement:

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by The First Dink Foundation representatives. I hereby give permission to the medical personnel selected by The First Dink Foundation representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In the event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

Parent/Guardian Initials: \_\_\_\_\_

## Equipment

I understand that any Pickleball equipment received for use is the property of The First Dink Foundation, and must be returned at the discretion of The First Dink Foundation upon the termination of the participant’s involvement in the program.

Parent/Guardian Initials: \_\_\_\_\_

## Media Release

I hereby give my permission to The First Dink Foundation, Inc. and their authorized licensees to utilize without compensation or further notice the participant’s likeness, image, voice, name and/or their words incidental to any print, photographs, audio, video, television, radio, the Internet, social network or any other form or medium now known or hereafter devised for the purpose of promoting The First Dink Foundation, their authorized licensees or for any other lawful purpose. The media will become the property of The First Dink Foundation, Inc..

Parent/Guardian Initials: \_\_\_\_\_



**Access for All**

Services are provided to people of all abilities. If you need a reasonable accommodation, please inform staff at registration at least five business days prior to the start date of the program/class. Each request will be assessed in compliance with the ADA. A supplemental information packet must be filled out and returned to The First Dink Foundation, Inc.

Does the participant require assistance/special accommodation to participate?  No  Yes

**Parent/Guardian Agreement**

I, as the parent/guardian of the above named participant, give approval for his or her participation in The First Dink sponsored activities. In full recognition of the dangers and hazards inherent in a pickleball and youth development program, I assume all risks of injury whatsoever and agree to release and hold harmless The First Dink Foundation and the other released parties from claim(s) of any nature arising from any activity, including transportation, connected with The First Dink program. This assumption of risk, release and hold harmless agreement includes, but is not limited to, any claim due to injury or loss proximately resulting from negligence of The First Dink Foundation, Inc., home office and each of their respective directors, officers, employees, agents, PPA, APP and IPTPA professionals, volunteers, youth participants and participating agencies (the released parties) to the fullest extent provided by law.

The First Dink Foundation is a drop in facility, not a licensed day care. The First Dink operates under the open door policy and assumes no responsibility for the time or manner in which members/participants arrive at or leave from any First Dink event, property, program, or facility . Parents/Guardians who wish a member/participant to remain on the property must work this out with their child.

**Parent/Guardian Signature:**

\_\_\_\_\_

**Please Print Name:**

\_\_\_\_\_

**Participant Permission Form completed by:**  Mother  Father  Guardian

\_\_\_\_\_

**Fax: 904-241-1355**

**Email: [info@FirstDink.org](mailto:info@FirstDink.org)**

\_\_\_\_\_

\_\_\_\_\_