



# THE DREAM BIG CENTER

## Registration Form

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_ School \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Position (check all that apply) PG  SG  SF  PF  C

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

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

Parent/Guardian's Name \_\_\_\_\_

Emergency Contact's Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

## Medical Information

Does your child have any illness/medical condition(s) he/she is currently being treated for? \_\_\_\_\_

If yes, what? \_\_\_\_\_ Is he/she currently taking medication(s)? \_\_\_\_\_

Please list all medications including over the counter medications currently being taken below.

Medication Name	Dosage	Frequency

Does your child have any allergies? \_\_\_\_\_ If yes, please list \_\_\_\_\_

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





# THE DREAM BIG CENTER

## Basketball Waiver

**LIABILITY:** I am aware that participation in training sessions, camps, and/or all DB Hoops related activities has some inherent risks and injury can occur. On rare occasions these injuries can be serious. In consideration of my child being allowed to participate in these activities, I, the parent/guardian, assume the risk of all injuries and agree not to sue the Dream Big Center, Inc., directors, coaches, assistant coaches, or volunteers for any and all injuries caused by or resulting from participating in training sessions, camps, and all DB Hoops related activities. Your signature below gives the Dream Big Center, Inc. permission to seek medical care for your child and/or transport your child to/from medical facility and to share this information with medical personnel on your child's behalf in case of an emergency.

**PHOTO/VIDEO CONSENT:** By signing this waiver, I also authorize the use of images of the above-named participant captured through video, photo, and digital camera, and/or audio to be used, reproduced, and/or published by the Dream Big Center, Inc. on website or advertising. I waive any rights of compensation or ownership to materials used, reproduced, and/or published pertaining to the image, likeness and/or voice of my child by the Dream Big Center, Inc.

**EXPECTATIONS:** All student athletes are expected to give their full mental, physical, and emotional attention and effort during training sessions, camps, and all DB Hoops related activities. Silence, attention, and active learning are required during all instructions given. As a representation of the Dream Big Center, Inc., respect and sportsmanship are demanded during all activities.

**WARRANTY:** This registration form and waiver expires on July 31, 2020.

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

**Participant's Name**  
\_\_\_\_\_

For more information, please contact **Nehemiah Horace** | Cell: (334) 614-2181 Email: [nhorace@dbcenter.org](mailto:nhorace@dbcenter.org)



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