2023-2025 Member Package

**Washington diamonds award winning drill team & Drumline Mission Statement**

To create a positive environment where girls from all different backgrounds and cultures can come together and have fun while developing team-building skills, thereby teaching our youth

respect for themselves and others, fostering professionalism, giving back to the community, and having pride in their achievements.

**TEAM COLORS**

**ROYAL BLUE, Lime green and** **silver**

Ages 8y to 19y

**Practice 630pm to 830pm Subject to change**

**Starting October 17, 2023**

**Les Gove Park**

**910 9th St SE, Auburn, WA 98002**

**Email:** **washington\_diamonds@yahoo.com**

**Director/ Founder/ Coach Fawn Sterling 206-445-9048**

**Washingtondiamondsdrillteam.com**

**REGISTRATION PROCESS**

***\*Full amount OF REGISTRATION is due on the First Day of practice***

**$100 registraition fee per child**

**no refunds on registratrion NOR MERCHANDISE PURCHASED**

**Only cash, cashiers checks**

**There may be additional expenses later in the season**

<>PARENT PLEASE KEEP THIS PAGE<>

**membership information and authorization form**

\*Fill out all sections completely (mark N/A if it does not apply) and sign and initial where indicated. Additional information may be required. If there are any changes in the information on this form, please contact The Washington Diamonds Director immediately to update.

**PARTICIPANT and PARENT INFORMATION**

8Y TO 19Y 􀂈 NEW 􀂈 RETURING

|  |
| --- |
| Has your child ever participated in drill team before? 􀂈 yes 􀂈 noIf yes, what was the name of the drill team and how long did they participate with that team? |
| Team Name: | Length of Time: |
| **Child’s name (first & last):** |
| **Nick Name:** | **E-Mail Address:** |
| **Date of Birth:** | **School:** | **Age:** | **Grade:** |
| **Current Address:** | **City:** | **State:** | **Zip** |

|  |  |
| --- | --- |
| Parent/ Guardian Name (first & Last): | Relationship: |
| Home Phone: | Cell Phone: | Evening Phone: | E-Mail Address: |
| Parent/ Guardian Name (first & Last): | Relationship: |
| Home Phone: | Cell Phone: | Evening Phone: | E-Mail Address: |
| Address (if different than above) | City: | State: | Zip |

**EMERGENCY CONTACTS**

*The parent/guardian above will be contacted first in case of emergency, after 911. Please list non-registering*

*Parent/guardian and others you would like to be contacted in the event you cannot be reached.*

|  |  |
| --- | --- |
| **1.** Contact Name: | Relationship:  |
| Day/Work phone | Evening/Home Phone | Cell/ Alternate phone: |

I  legal parent / guardian of hereby

authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and

treatment or all related care, including emergency transportation or ambulance transportation, the administration of

drugs, tests, anesthesia and / or blood transfusions to the above minor person that may be ordered by a physician and or

dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby contest to the release of

medical report(s) to any doctor or agency and consent to the admission of the above name minor person to the hospital. I

understand that The Washington Diamonds Drill Team & Drumline, staff, volunteers, officers, and agents assume no financial obligation or

liability in case of my child’s accident or illness. I also understand that there are no refunds **on registrations NOR MERCHANDISE**

**PURCHASED.**

**I assume full financial responsibility for emergency treatment for my child.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_**

**General/medical AUTHORIZATIONS and INFORMATION**

*Does your child have…? Please check all those that apply.*

**􀂈** ADD/ADHD? *Circle one* 􀂈 Mental Disability? 􀂈 Arthritis? 􀂈 Learning Disability?

􀂈 Behavior Disorder? 􀂈 Physical Disability? 􀂈 Diabetes? 􀂈 Hearing Impairment? 􀂈Anaphylactic allergy? 􀂈 Visual Impairment? 􀂈 Severe Menstrual Pain 􀂈 Sinusitis

􀂈 Developmental Disability? 􀂈 Bladder problems? 􀂈 Epilepsy seizures? 􀂈Other

􀂈 Allergies? (List what kind) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀂈 Food allergies? (List what kind) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

􀂈 Asthma? (List triggers)

**\*If yes to asthma/allergies in must have inhaler present at all times\***

\*If the answer to any of the above is yes (checked) how do you handle these behaviors?

\*Is your child on any medication? 􀂈 Yes 􀂈 No If yes, please explain.

\*Is there anything else about your child’s health or behavioral issues we should know about?

\*I hereby give consent The Washington Diamonds Drill Team & Drumline to photograph my child for promotional purposes that benefit the team. 􀂈 Yes 􀂈 No Initial here

\*My child has permission to participate in parades, and other field trips as scheduled by means walking, bus, van, or carpooling. 􀂈 Yes 􀂈 No Initial here

\*I understand that it is required for my child to participate in two mandatory fundraisers promoted by The Washington Diamonds Drill Team & Drumline. I further understand that if my child does not participate, I will be charged a participation fee of $50.00. Sign Here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE AND INDEMNITY AGREEMENT**

I legal parent/guardian of

Do herby release, discharge and promise for any cause not to sue The Washington Diamonds Drill Team & Drumline and its staff, volunteers, officers and agents from all liability to me or my child, or my child’s personal representatives, assigns, heirs and next-of-kin for any and all claim, demands, loss or damages on account of any injury or damage to property caused or arising from my child’s participation in the program. I understand that should my child act in a manner that is unsafe for him/her, other participants or staff, he /she may be excluded from the program. Accordingly, I have told my child to obey all directions of the staff and to comply with all safety instructions and refrain from unsafe practices. For reputation reasons I will not sue the Washington Diamonds Drill Team & Drumline for any other reason or cost.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Print** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing this application, I fully understand all of the above terms and conditions set forth by the Washington Diamonds& Drumline staff/volunteers. I also understand that there are No refunds on registrations NOR MERCHANDISE PURCHASED**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permission to Use Photograph**

**The Washington Diamonds Drill Team & Drumline**

**Federal Way WA**

Subject: \_Drill Team & Drumline

Location: \_Practices, Performances, Parades, Gatherings, social media

I grant to **The Washington Diamonds Drill Team & Drumline**, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize **The Washington Diamonds Drill Team & Drumline,** its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **The Washington Diamonds Drill Team & Drumline** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (If under age 18)