

Beat the Streets Detroit, Inc.
39500 High Pointe Blvd, Ste 400
Novi, MI 48374



P: 248-348-8200
www.btsdetroit.org

BTSD Parental Authorization and Liability Waiver

Wrestler's Full Name: _____
Birth Date: _____ Gender: _____
School: _____ Grade: _____ OSIS# _____
Address: _____ Apt#: _____
City: _____ State: _____ Zip: _____
Parent/Guardian #1 Name: _____ Parent/Guardian #1 Phone # _____
Parent/ Guardian #1 E-mail: _____
Parent/Guardian #2 Name: _____ Parent/Guardian #2 Phone # _____
Parent/ Guardian #2 E-mail: _____
List of Persons Authorized to pick up child: _____

In consideration of my child's opportunity to participate in the Beat the Streets Detroit, Inc. ("BTSD") program, training sessions, events, trips, competitions, clinics, or other activities (collectively "Program"), whose registration process requires me to accept this agreement, I hereby agree to the following Waiver and Release of Liability ("Agreement"):

1. **Waiver and Release of Liability.** My child's participation in the Program is voluntary and subject my child to the possibility of physical injury (which could be minimal, serious, and/or result in death, paralysis, or permanent mental disability) and loss of or damage of my property or my child's property (collectively, "Risks"). Accordingly, I, on behalf of myself, my child, and family, agree to the following:
 - a. I hereby release, hold harmless, and covenant not to sue BTSD, Detroit Public Schools Community District, Detroit Parks and Recreation, and their respective board members, officers, employees, agents, volunteers, contractors, sponsors, and affiliates (collectively, "Releasees") from any claim, demand, loss, liability, damages, and attorney fees whatsoever arising from, related to, or resulting from these Risks, the Program, or transportation to or from the Program (collectively, "Claims"), including those caused in whole or in part by the negligent acts or omissions of any or all of the Releasees.
 - b. I hereby authorize BTSD to transport or arrange transportation for my child to and from the Program.
 - c. I recognize the physical exertion involved in the program and I attest and certify that my child is physically fit to compete safely, and I have not been advised by a medical professional otherwise that my child should not/cannot compete.
 - d. As between each of the Releasees and me, I will be solely responsible for any and all medical and related bills that I or my child may incur because of my child's participation in the Program, including those sustained on the premises where the Program is conducted and while I or my child am traveling to and from such premises, regardless of the location or mode of transportation.
 - e. This Agreement shall be binding on my child's and my estate, heirs, executors, administrators, successors, and assigns, as well as any other party asserting a Claim on my behalf or on behalf of my estate.
2. **Medical Authorization.** I hereby give my consent to have an athletic trainer, coach, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide my child with medical

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assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the wrestler to a medical treatment facility should an individual listed above consider it to be warranted.

3. **Photo and Media Release.** I hereby authorize and grant license to the use of my child's name, image, and likeness in promotional materials, social media, and other reports and publications.

4. **Term.** This Agreement shall be effective for a period of one year following its execution.

5. **Miscellaneous.**

- a. This Agreement shall be governed by the laws of the state of Michigan, without regard to its conflicts of laws provisions, and any action or proceeding concerning any Claim or the Agreement shall be conducted only in the federal or state courts located in Wayne County, Michigan.
- b. This Agreement contains the entire understanding between and among the parties concerning these matters. No waiver, modification, or amendment of any of the terms of this Agreement shall be effective unless made in writing and signed by the party to be charged.
- c. By signing below, I acknowledge that I have read, understand, and accept the above contractual agreements and that I have read, understood, and agreed to abide by the BTSD - Athlete Code of Conduct.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Relation to Wrestler: _____

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Emergency Contact and Medical Information

In an emergency when parents/guardians cannot be reached, please contact the following person:

Name: _____

Phone #: _____

Relationship to wrestler: _____

Please list any allergies: _____

Is the wrestler currently on any medication? Yes/No

If yes, please list: _____

Has the wrestler been diagnosed with a concussion? **Yes/No**

If yes, when and how severe? _____

Please list any other medical conditions: _____

Physician Name: _____

Physician Phone #: _____

Medical/Hospital Insurance Company: _____

Phone # _____

Policy Holder's Name: _____

Policy Number: _____

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Beat the Streets Detroit Student-Athlete Code of Conduct

Student-Athletes are expected to be on time for practices. Student-Athletes are expected to have his / her shoes on and be ready to begin practice at the designated time. Student-Athletes arriving late and/or not prepared to begin practice at the designated time may be withheld from practice by the coach.

Student-Athletes are expected to follow through on her / his commitments. If a student-athlete preregisters for a clinic, camp, or competition and does not show up for the event, the student-athlete/parent will be responsible for reimbursing Beat the Streets Detroit for the cost of the registration fee.

Student-Athletes are expected to treat all individuals respectfully. Beat the Streets Detroit has a zero-tolerance policy regarding derogatory behavior, racist, sexist, and foul language and gestures. Any student-athlete deemed to be using inappropriate language or behavior will be immediately asked to leave Beat the Streets Detroit and will not be invited to return until the student-athlete has met with Beat the Streets Detroit administration. Any student-athlete involved in multiple instances of inappropriate language or behavior may be permanently barred from participation.

Beat the Streets Detroit is a bully and hazing free facility. Any actions deemed to be bullying in nature or which can be construed as hazing will not be tolerated. If you have to ask yourself if the behavior is bullying, it is.

Beat the Streets Detroit is a weapon and drug free facility. Possession of weapons or drugs including but not limited to guns, knives, tobacco, alcohol, and controlled substances will result in immediate removal from the premises.

Student-Athletes are expected to respect the private belongings of others. Any student-athletes caught stealing will be immediately removed from the premises and banned from participation in future Beat the Streets Detroit programming.

Student-Athletes are expected to treat the facility in a respectful manner, which includes not engaging in acts of vandalism, picking up after one's self, and using the proper receptacle's for waste disposal. All clothing, shoes, and personal effects must be removed on a daily basis. Beat the Streets Detroit is not responsible for any athletes' personal belongings. Do not bring valuable to Beat the Streets Detroit events that you cannot personally care for. Any clothing, shoes or personal effects left behind will be held in a lost & found for one week. Items left in the lost & found for more than one week will be disposed of.

WRESTLER
Print Name: _____

PARENT
Print Name: _____

Signature: _____

Signature: _____