

Membership # _____

UNITED SKATEBOARD FEDERATION, INC., DBA...C.A.S.L.

2019 MEMBERSHIP AND INFORMATION FORM

**THIS FORM MUST BE NOTARIZED BY PARENT (S) OR LEGAL GUARDIAN(S)
OF ALL PARTICIPANTS UNDER THE AGE OF 18.**

PART ONE: ATHLETIC WAIVER & RELEASE OF LIABILITY:

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE UNITED SKATEBOARD FEDERATION, dba "C.A.S.L.", ATHLETIC-SPORTS PROGRAM, AND ITS RELATED EVENTS AND ACTIVITIES, THE UNDERSIGNED:

1. AGREE, ACKNOWLEDGE AND FULLY UNDERSTAND THAT EACH PARTICIPANT WILL BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY, AND DEATH, AND SEVERE SOCIAL AND ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM THEIR OWN ACTIONS, INACTIONS, OR NEGLIGENCE, BUT THE ACTION, INACTION, OR NEGLIGENCE OF OTHERS, THE RULES OF PLAY, OR THE CONDITION OF THE PREMISES OR OF ANY EQUIPMENT USED. FURTHER, THAT THERE MAY BE OTHER RISKS NOT KNOWN TO US OR NOT REASONABLY FORESEEABLE AT THIS TIME.
2. ASSUME ALL THE FOREGOING RISK AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING SUCH INJURY, PERMANENT DISABILITY, OR DEATH.
3. RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE THE UNITED SKATEBOARD FEDERATION, dba "C.A.S.L.", ITS AFFILIATED CLUBS, THEIR RESPECTIVE ADMINISTRATORS, DIRECTORS, AGENTS, COACHES, AND OTHER EMPLOYEES OF THE ORGANIZATION, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LEASERS OF PREMISES USED TO CONDUCT THE EVENT, ALL OF WHICH ARE HEREINAFTER REFERRED TO AS "RELEASEES", FROM ANY AND ALL LIABILITY TO EACH UNDERSIGNED, HIS OR HER HEIRS AND NEXT OF KIN FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

PART TWO: RELEASE OF VIDEO RIGHTS:

1. IN CONSIDERATION FOR BEING PERMITTED TO COMPETE, OBSERVE, WORK FOR, OR FOR ANY PURPOSE PARTICIPATE IN ANY WAY IN ANY "C.A.S.L." CONTEST OR EVENT DURING **2019**, THE UNDERSIGNED, FOR HIMSELF, HIS PERSONAL REPRESENTATIVES, HEIRS AND NEXT OF KIN UNDERSTANDS THAT ALL OR PORTIONS OF THE CONTEST(S) AND/OR EVENT(S) MAY BE VIDEOTAPED FOR FUTURE VIEWING AND THAT THE UNDERSIGNED MAY APPEAR, WITHOUT COMPENSATION, IN THE VIDEOTAPE.
2. THE UNDERSIGNED HEREBY RELEASES TO "C.A.S.L." ALL RIGHTS TO ALL VIDEO REPRODUCTIONS OF THE "C.A.S.L." CONTEST(S)/EVENT(S).

PART THREE: AUTHORIZATION TO TREAT A MINOR AND/OR RELEASE OF PATIENT'S RECORDS:

1. I, THE UNDERSIGNED, DO HEREBY AUTHORIZE ANY HOSPITAL, PHYSICIAN, OTHER PERSON WHO HAS ATTENDED ME OR EXAMINED ME TO FURNISH "C.A.S.L." OR IT'S REPRESENTATIVES, ANY AND ALL INFORMATION WITH RESPECT TO ANY ILLNESS, INJURY, MEDICAL HISTORY, CONSULTATION, PRESCRIPTIONS, OR TREATMENT, AND COPY ALL HOSPITAL OR MEDICAL RECORDS. A PHOTOSTATIC COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.
2. I/WE THE UNDERSIGNED PARENT(S) OR LEGAL GUARDIAN OF THE BELOW NAMED MINOR, DO AUTHORIZE AND CONSENT TO ANY XRAY EXAMINATION, LABORATORY PROCEDURE, ANESTHETIC, MEDICAL, OR SURGICAL DIAGNOSIS AND TREATMENT WHICH IS DEEMED ADVISABLE BY GENERAL MEDICAL STAFF OR EMERGENCY ROOM UNDER THE PROVISIONS OF THE STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH.
3. I/WE UNDERSTAND THAT AN EFFORT SHALL BE MADE TO CONTACT ME/US PRIOR TO RENDERING TREATMENT TO THE PATIENT, BUT THAT ANY OF THE ABOVE TREATMENT WILL NOT BE WITHHELD IF I/WE CANNOT BE REACHED.
4. IT IS UNDERSTOOD THAT THE PERSON PRESENTING THIS AUTHORIZATION IS ACTING AS MY/OUR AGENT AND WILL NOT BE HELD LIABLE FOR TREATMENT(S) AND OTHER SERVICES RENDERED.
5. I/WE ACCEPT FULL FINANCIAL RESPONSIBILITY FOR ALL MEDICAL TREATMENT(S) AND SERVICES RENDERED TO MY/OUR MINOR CHILD.

2019 C.A.S.L.

MEMBERSHIP DATA & BEHAVIOR CODE

NUMBER OF YEARS IN C.A.S.L. _____

MEMBERSHIP NUMBER _____

2018 C.A.S.L. CLASSES & AGE GROUPS

6 & UNDER (UNSPONSORED)	_____	13 - 15 (UNSPONSORED)	_____	SPONSORED SKATERS: ALL AGES (ALL TYPES OF SPONSORS)
7 - 9 (UNSPONSORED)	_____	16 & OVER (UNSPONSORED)	_____	SPONSORED BY: _____
10 - 12 (UNSPONSORED)	_____	ALL GIRLS SKATE JAM	_____	_____

MEMBER'S NAME _____ AGE _____

ADDRESS _____
(NUMBER & STREET NAME) (CITY) (STATE) (ZIP CODE)

BIRTHDATE _____ SHIRT SIZE _____ HOME PHONE () _____ email: _____

EMERGENCY INFORMATION

SPECIAL MEDICATION; ALLERGIES; MEDICAL RESTRICTIONS _____
IN CASE OF EMERGENCY PLEASE NOTIFY:

(1) _____ HOME PHONE _____ WORK PHONE _____

(2) _____ HOME PHONE _____ WORK PHONE _____

DOCTOR _____ OFFICE PHONE _____

INSURANCE CARRIER _____

C.A.S.L. BEHAVIOR CODE

1. THIS CODE APPLIES TO ALL CONTESTANTS, COACHES, MANAGERS, SPONSOR REPRESENTATIVES, PARENTS AND FRIENDS.
2. IT WILL BE SIGNED BY SKATER AND SKATER'S PARENT(S)/LEGAL GUARDIAN, IF SKATER IS UNDER 18 YEARS OF AGE, NO EXCEPTIONS.
3. THE RULES:
 - (1) SKATERS WILL NOT SKATE IN OTHERS' PRACTICE HEATS OR IN RESTRICTED AREAS.
 - (2) SKATERS WILL WEAR THE REQUIRED SAFETY EQUIPMENT AT ALL TIMES, BOTH DURING PRACTICE AND THE CONTEST.
 - (3) STICKER AND PRODUCT TOSSES ARE NEVER ALLOWED AT C.A.S.L. CONTESTS OR EVENTS.
 - (4) THE USE AND/OR POSSESSION OF DRUGS AND/OR ALCOHOL IS STRICTLY PROHIBITED AT ALL C.A.S.L. CONTESTS OR EVENTS.
 - (5) RESPECT THE RIGHTS OF OTHERS. THIS MEANS OTHER SKATERS, SPECTATORS, AND CONTEST OFFICIALS. THIS ALSO MEANS...NO FIGHTS OR RUDE BEHAVIOR.
4. THE PENALTIES:
 - (1) FIRST OFFENSE: DISQUALIFICATION FROM CURRENT EVENT.
 - (2) SECOND OFFENSE: DISQUALIFICATION FROM THE CURRENT EVENT AND THE NEXT SCHEDULED EVENT.
 - (3) THIRD OFFENSE: WE WILL SEE YOU NEXT YEAR!!!!
5. IGNORANCE OF THIS CODE IS NO EXCUSE TO BREAK IT!!!!

I/WE, HAVING READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. WE HAVE SIGNED THIS WAIVER AND RELEASE VOLUNTARILY. I/WE, SPEAK, READ, WRITE, AND UNDERSTAND ENGLISH AS OUR PRIMARY LANGUAGE. IF ENGLISH IS NOT OUR PRIMARY LANGUAGE, THIS INFORMATION HAS BEEN TRANSLATED INTO OUR PRIMARY LANGUAGE FOR US AND WE DO UNDERSTAND ITS CONTENTS.

MEMBER'S SIGNATURE: _____ DATE: _____

PUBLIC NOTARY REQUIRED IF SKATER IS UNDER 18 YEARS OLD.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

MY/OUR RELATIONSHIP TO THE ABOVE NAMED MINOR IS _____

2019 C.A.S.L.