



VIRTUAL FAME REGISTRATION FORM

Participant Name _____

Age (as of April 3) _____ Date of Birth _____ Gender: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Grade _____ School _____

Please Check the Appropriate Box

Type of Performance	Type of Performance
Singing	Comedy
Instrumental	Rap
Dance	Poetry/Spoken Word

Parent/Guardian Information

Parent/Guardian Name _____ Email: _____

Home Phone _____ Work Phone _____ Cellular Phone _____

Release and Waiver: In consideration of being permitted to participate in any way in Youth Basketball League, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the City of Suffolk, its Council members, officers, employees, and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, accident or illness (including death), and property damage sustained by me and my agents, representatives, employees, or family members arising from participation in Youth Basketball.

Indemnification: I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees, and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, and agents, or representatives during the participation in Youth Basketball League.

I give consent that I have read and understand the waiver, indemnification, and photography contents. I also consent that I have read and received the Parent Information and Frequently Asked Questions Sheets.

Signature: _____