



TOURNAMENT REGISTRATION GUIDE



INTRODUCTION

It is that time of the year – time to register your teams for the Regional/Affiliate Tournament!

The following is a guide to get your team, Team Managers, Team Members, and Appraisers registered online for your Regional Tournament. It may only be completed by Team Managers who have cleared a DI background check.

Your Affiliate has signed on to offer a streamlined tournament registration experience with our system—RegisterYourTeam.org. You'll find the new system at:

www.RegisterYourTeam.org

The system's features include:

- ▶ A step-by-step system that simply and easily guides you through the process
- ▶ A Dashboard where you can see your team's registration status at a glance
- ▶ Modify your registration information easily after submitting
- ▶ Photo/Media Release and Volunteer Code of Conduct are now paperless. No more handing in papers at Tournaments!
- ▶ Easy ways for your team's Appraiser and/or Support Volunteer to register.

We hope this new system makes the registration process clear and straightforward.

We understand that with any change that there will be bumps and hiccups along the way. We ask for your patience as we implement this change. If there's ever anything we can do for you to make this system better, let us know. We'll take every comment under advisement for future years. You can contact us at askdi@dihq.org.

Thank you so much and we look forward to another great year of Destination Imagination!

IMPORTANT: BEFORE YOU BEGIN!

RegisterYourTeam.org is linked to the Destination Imagination Resource Area. The following steps are required before a Team Manager can begin their registration at RegisterYourTeam.org.

1. The purchaser of the Team Number(s) must log in to **resources.destinationimagination.org** and assign the correct Team Manager(s) to each Team Number.
2. The assigned Team Managers must log in to **resource.destinationimagination.org** to verify or create a DI account and start their background check for this season.
3. Once a background check is complete, their status is automatically updated to ELIGIBLE and each of the teams they are assigned to will now be available on **RegisterYourTeam.org**.
4. Each Team Manager then logs into **RegisterYourTeam.org** using the same email and password they use for the Resource Area.

INFORMATION CHECKLIST

You will need the following information to start your team's registration:

- ☐ **A valid Team Number** | *Purchased at ShopDI.org (e.g. 750-12345)*
- ☐ **Team Challenge** | *The name or category of the Challenge your team is solving this season*
- ☐ **Level** | *Elementary, Middle, Secondary, University Level, or Rising Stars!*
- ☐ **Team Name** | *teams are encouraged to create one, but it is optional*
- ☐ **School/Organization Information** | *school's or organization's name and county*
- ☐ **School Coordinator Contact Information** | *name, email address and phone number*

WHAT IS DUE WHEN?

- ▶ **Team's Basic Information & Team Managers** | 12/8
- ▶ **Team Members & Appraisers** | 12/8
- ▶ **Tournament Fee** | \$100

STARTING THE REGISTRATION PROCESS

1. Go to RegisterYourTeam.org and log in with the same email address and password that you use to access the Destination Imagination Resource Area. If you do not have an account there yet, you may get one by going [HERE](#).
2. Fill in the Basic Team Information. Click "Save and Continue." Fill in the Basic Team Information. Click "Save and Continue."

REGISTERING TEAM MEMBERS

Team Members can be added to your team's registration in one of two ways.

1 ONLINE BY PARENT

You can ask parents to go to the website below to fill out the form online. They will need your child's Team Number.

<https://ryt.destinationimagination.org/participant>

For your convenience, we have supplied a letter you can send home with the team members or directly to the parent via email to explain the process. A standard version of that letter can be found at the back of this guide.

You can also copy the link from RYT that is specific for your team to email to parents.

2 GATHER INFORMATION BY PAPER FORM AND INPUT IT YOURSELF

At the end of this guide, you'll find a Team Member Registration Form, which you can send home with your team members. Parents complete, sign, and return it. Then, you can fill in the information for each team member via the website address below.

Note: At the bottom of the form is a checkbox to designate that you are filling in the information from a signed form. Please keep a copy of the original form on file.

<https://ryt.destinationimagination.org/participant>

APPRAISERS

In order to hold successful Tournaments, we need individuals who are trained and prepared to score your team!

For the 2021 season only, we will not require teams to recruit an Appraiser.

SUPPORT VOLUNTEERS

Your tournament may also need individuals to help throughout the day in non-Appraising roles.

For the 2021 season only, we will not require teams to recruit a Support Volunteer.

TOURNAMENT FEE

The Tournament Fee for our Tournament is **\$100** per team.

- ▶ You can pay this fee online easily and securely with RegisterYourTeam.org.
- ▶ You can also pay with a School Purchase Order. Purchase Orders should be made payable to **Mid-Cities Creativity**. Please email invoice to sales@midcitiesdi.org
- ▶ All Tournament fees should be postmarked by 12/8/2021 if paying online. Purchase Order payment must be received not later than February 15, 2022.

FINALIZING YOUR REGISTRATION

Your teams' registration is complete when:

- ▶ Your team's Basic Information is in the system and accurate
- ▶ All Team Managers and Assistant Team Managers are added to their teams, and you mark that section as complete.
- ▶ All Team Members have been added, and you've marked that section as complete.
- ▶ Enough Appraisers and/or Support Volunteers have been added for each of your teams.
If you are unsure how many Appraisers you need for your team, contact your Regional Director.
- ▶ Your Tournament Fee has been received by your Affiliate.

After all the above is done, the website will show you that everything is good to go!

We cannot wait to see what incredible things our DI teams will bring to show us this year!

Questions or comments? Let us know at: info@midcitiesdi.org

APPENDIX:

FORMS & LETTERS

- ▶ **Letter to Parents/Instructions for Online Form**
If you would like your parents to register their child online, send this form home to instruct parents on how to access the Registration site.
- ▶ **Participant Registration Form**
If you would like to enter your team members online yourself, send this form home to parents to gather the required information about the team members.
- ▶ **Tournament Fee Form**
To send in with your check. Useful for your and your school's financial records.



TEAM MEMBER SIGN-UP

Hello DI Parent,

As part of registering your child's DI team for their Regional Tournament, you will need to register him/her online as a member of their team. It is a simple process that is handled 100% online to make things as easy for you as possible.

To register your child, simply go to the website below:

<https://ryt.destinationimagination.org/participant>

To access the form, you'll need your child's Team Number, which is _____ - _____.

The deadline to have this submitted is _____, so please fill out the form as soon as possible!

If you have any questions about the information being asked or, feel free to email me at the email address below.

Thanks so much for all your help!

Sincerely,

My Email: _____

If you experience any technical problems with the website,
contact askdi@dihq.org for help.



PARTICIPANT REGISTRATION

TEAM NUMBER: _____ (Team Manager to fill this out.)

You may submit this information online at **www.RegisterYourTeam.org/participant** using the Team Number above. If you are not able to submit online, please fill out this form and return it the Team Manager.

PARTICIPANT INFORMATION

Name: First _____		Last _____	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other			
/ /			
Birth Date (mm/dd/yyyy)		Current Grade	

PARENT/GUARDIAN INFORMATION

Name: First _____		Last _____	
Email Address _____			
Address _____		City, State _____	
()		()	
Phone (Primary) _____		Phone (Alternate) _____	
		Zip _____	

EMERGENCY INFORMATION

Health Concerns/Allergies

Information we should have available in the event of an emergency, such as current prescription medications. You may also use this space to indicate over-the-counter medications you do not wish to be dispensed to your child.

Emergency Contact Phone: () _____

The phone number for the individual we should contact in the event of an emergency if we can't reach you at the numbers above. Please include area code and extensions (if necessary).

PARTICIPATION AGREEMENT

Liability Release / Disclaimer

I understand that the participant listed on this form will be attending a Destination Imagination Tournament.

By participation in an event by an Affiliate or Region, or other gathering related to the Destination Imagination program, the participant or participants' parents or participating guardian understands and hereby voluntarily agrees to release, waive, forever discharge, hold harmless, defend and indemnify Destination Imagination Inc., and their agents, officers, boards, volunteers, and employees from any and all liability and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services, or otherwise which may arise out of the participant's participation in activities related to the Destination Imagination event, including travel to and from the event.

Media Release

We (I) hereby grant permission for Destination Imagination, Inc. and their licensees to publish images of activities and of this participant for the purpose of promoting Destination Imagination®. We (I) grant this permission freely without reservation.

If the participant is under the age of 18:

Furthermore, we (I) are (am) the parent(s) or legal guardians(s) of this participant and hereby grant permission for him/her/them to participate fully in the tournament and hereby give permission to take him/her to a doctor or hospital and authorize medical treatment including, but not limited to, emergency surgery, tests, medications or x-rays. We (I) will assume all responsibility for all medical bills, if any. We (I) understand that if medical treatment is required we (I) will be contacted as soon as possible. Should it be necessary for my child to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) will hereby assume all costs.

Pin Creation Guidelines

In the event that we (I) design or create any pins, we (I) agree to adhere to all guidelines set forth by Destination Imagination, Inc. and my (our) Affiliate regarding pin creation. These include, for example, avoiding copyright infringement and using licensed vendors. A summary of these requirements can be found at www.destinationimagination.org/pin-vendors.

I acknowledge that I am a parent or legal guardian of the participant described on this form, or the participant (if the participant is over 18) and that I agree to the Participation Agreement above.

Signature of Parent/Guardian _____

Date _____



REGISTRO DE PARTICIPANTE

NÚMERO DE EQUIPO: _____ (Se rellena el Facilitador de Equipo.)

Puede enviar esta información en línea en www.RegisterYourTeam.org/participant utilizando el Número de Equipo anterior. Si no puede enviarlo en línea, rellene este formulario y devuélvalo al Facilitador de Equipo.

INFORMACIÓN DE PARTICIPANTE

Nombre	Apellido
Género: <input type="checkbox"/> Mujer <input type="checkbox"/> Male <input type="checkbox"/> Otro	
/ /	
Fecha de Nacimiento (mm/dd/yyyy)	Grado Actual

INFORMACIÓN DEL PADRE/GUÁRDIAN

Nombre	Apellido	
Dirección de correo electrónico		
Dirección ()	Ciudad/Estado ()	Código postal
Teléfono (primario)	Teléfono (alternativo)	

INFORMACIÓN DE EMERGENCIA

Preocupaciones de salud / Alergias

Información que debemos tener disponible en caso de una emergencia, como medicamentos recetados actuales. También puede usar este espacio para indicar los medicamentos de venta libre que no desea que se le dispensen a su hijo.

Teléfono de contacto de emergencia : ()

El número de teléfono de la persona con la que debemos contactar en caso de una emergencia si no podemos comunicarnos con usted a los números anteriores. Incluya el código de área y las extensiones (si es necesario).

ACUERDO DE PARTICIPACIÓN

Liberación de responsabilidad / Exención de responsabilidad

Entiendo que el participante que aparece en este formulario asistirá a un Torneo de Destination Imagination.

Al participar en un evento por parte de un Afiliado o Región, u otra reunión relacionada con el programa Destination Imagination, los padres o guardianes del participante o participantes entienden y por la presente aceptan voluntariamente liberar, renunciar, dar de baja para siempre, eximir de responsabilidad, defender e indemnizar a Destination Imagination Inc., y sus agentes, oficiales, juntas, voluntarios y empleados de cualquier responsabilidad y todas las reclamaciones, acciones o pérdidas por lesiones corporales, daños a la propiedad, muerte injusta, pérdida de servicios, o de otra manera que puedan surgir de la participación del participante en actividades relacionadas con el evento de Destination Imagination, incluyendo viajes hacia y desde el evento.

Exensión General de Medios

Nosotros (yo) otorgamos permiso para que Destination Imagination, Inc. y sus licenciarios publiquen imágenes de actividades y de este participante con el propósito de promover Destination Imagination®. Nosotros (yo) concedemos permiso libremente sin reserva.

Si el participante no ha cumplido 18 años:

Además, nosotros (yo) somos (soy) los padres o guardianes legales de este participante y por la presente le otorgamos permiso para que participe plenamente en el torneo y por la presente damos permiso para llevarlo a un médico u hospital y autorizar tratamiento médico incluyendo, pero no limitado a, cirugía de emergencia, pruebas, medicamentos o radiografías. Nosotros (yo) asumiremos toda la responsabilidad por todas las facturas médicas, si las hubiera. Nosotros (yo) entendemos que si se requiere tratamiento médico, se nos contactará lo antes posible. En caso de que sea necesario que mi hijo sea enviado a casa por razones médicas, disciplinarias o de otra manera, nosotros (yo) asumiremos todos los costos.

Guía para la creación de Pins

En el caso de que diseñemos o creamos pins, aceptamos adherirnos a todas las pautas establecidas por Destination Imagination, Inc. y mi (nuestro) Afiliado con respecto a la creación de pins. Estos incluyen, por ejemplo, evitar la infracción de los derechos de autor y utilizar proveedores con licencia. Se puede encontrar un resumen de estos requisitos en www.destinationimagination.org/pin-vendors.

Reconozco que soy un padre o tutor legal del participante descrito en este formulario, o el participante (si el participante es mayor de 18 años) y que acepto el Acuerdo de Participación anterior.

Firma del Padre de Familia/Guardián

Fecha

