OPTIMIST CLUB OF GETTYSBURG REGISTRATION FORM - BASKETBALL

PLAYER'S FIRST NAME	PLAYER'S LAST NAME		
Player requests to be on the same team as (only list one other player please or N	N/A)	_
SESSION: BOYS GIRLS PLAY	YED LAST YEAR: YES NO	LAST YR'S TEAM COLOR	<u>.</u>
GRADE:	SCHOOL:	_	
T-SHIRT SIZE: Youth Small Youth Med	dium Youth Large Adult Small	Adult Medium Adult Large	Adult Extra-Large
GUARDIAN NAME(S): EMAIL (If you would like to subscribe to the	TELEPHONE # Optimist email for updates):	:	-
	PARENTS, WE COULD USE YO I would like to coach	UR HELP	
CO	DACH'S NAME:		
	T-shirt Size:		
MEDICAL INFORMATION: Does this child have any disabilities, allergies other significant medical condition? If yes, pl	ease list.	of respiratory illness, present injurie	s or limitations, or any
EMERGENCY AUTHORIZATION: I, the undersigned, legal guardian of the partic acting in the capacity of activity supervisors as emergency, I hereby authorize treatment and/o person below, who is hereby authorized to act	s my Agents, to consent to medical, sur or care at any hospital. If there is an er	rgical or dental examination and/or t	reatment. In case of
NAME OF EMERGENCY CONTACT	:	TEL #:	
WAIVER OF LIABILITY AND DIST To induce the OPTIMIST CLUB OF GETTY of said individual, hereby give my consent and coaches and representatives, and the GETTYS individual.	SBURG to accept registration and per agree to release, indemnify, and hold	harmless OPTIMIST CLUB OF GE	ETTYSBURG, its
SIGNATURE OF GUARDIAN	DA	TE.	