

**OPTIMIST CLUB OF GETTYSBURG REGISTRATION FORM - BASKETBALL**

\_\_\_\_\_  
**PLAYER'S FIRST NAME**

\_\_\_\_\_  
**PLAYER'S LAST NAME**

**SESSION:** BOYS      GIRLS

**GRADE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**PLAYED LAST YEAR:** YES      NO

**LAST YR'S TEAM COLOR (IF APPLICABLE):** \_\_\_\_\_

**T-SHIRT SIZE:** Youth Sm    Youth Med    Youth Lg    Adult Sm    Adult Med    Adult Lg    Adult Extra-Lg

**GUARDIAN NAME(S):** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**EMAIL** (If you would like to subscribe to the Optimist email for updates): \_\_\_\_\_

**VOLUNTEERS ARE NEEDED TO HELP THIS PROGRAM REMAIN SUCCESSFUL. NO EXPERIENCE NECESSARY.**

I would like to help coach a team. Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

**MEDICAL INFORMATION:**

Does this child have any disabilities, allergies, hemophilia, heart condition, history of respiratory illness, present injuries or limitations, or any other significant medical condition? If yes, please list. \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY AUTHORIZATION:**

I, the undersigned, legal guardian of the participant, minor, hereby authorizes the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached please contact the person below, who is hereby authorized to act on my behalf:

NAME OF EMERGENCY CONTACT: \_\_\_\_\_ TEL #: \_\_\_\_\_

**WAIVER OF LIABILITY AND DISCLAIMER:**

I, the guardian of said individual, hereby give my consent and agree to release, indemnify, and hold harmless OPTIMIST CLUB OF GETTYSBURG, its coaches and representatives, and the GETTYSBURG AREA SCHOOL DISTRICT from any claim arising out of injury to the named individual during participation in Optimist Basketball.

SIGNATURE OF GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

**PHOTO RELEASE**

I agree to allow the OPTIMIST CLUB OF GETTYSBURG and its authorized representatives permission to photograph and/or video pictures of my child's participation. I further agree that any or all pictures may be used as a part of any future publications, brochures, or online media used to promote the OPTIMIST CLUB OF GETTYSBURG. Such use shall be without payment of fees, royalties, or other compensation.

SIGNATURE OF GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_