

Optimist Club of Gettysburg – Basketball Registration Form

Player's First Name

Player's Last Name

Session: Boys Girls Grade: _____ Played last year? YES NO School: _____

Date of Birth: _____ T-Shirt Size: Youth XS Youth Small Youth Medium Youth Large Youth XL
Adult Small Adult Medium Adult Large Adult XL Adult 2XL Adult 3XL

Guardian Name(s): _____ Telephone #: _____

Email Address(es) (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: _____

Coach's Email Address: _____ Coach's Phone Number: _____

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. _____

_____ Initial here to authorize release of said medical information to coaches and/or volunteers so those working with your child are aware of important medical information.

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: _____ Telephone #: _____

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: _____