

CONWAY OPTIMIST CLUB
2013 YOUTH FOOTBALL
Registration!

***** Please PRINT *****

PLAYER'S NAME _____

ADDRESS _____

CITY _____ ZIP _____

GRADE _____ BIRTHDATE _____ AGE _____

HOME PHONE _____ ALTERNATE PHONE _____

EMAIL ADDRESS _____

TEAM PLAYED FOR LAST YEAR _____

LIST NAME OF BROTHER(S) OR SISTER(S) PLAYING IN LEAGUE*: _____

**(Birth certificates are needed to verify relationship of family members)*

*T-Shirt Size: (Circle One): Youth Large ** Adult Small ** Adult Medium ** Adult Large ** Adult XL*

REGISTRATION FEE:

\$40 (player uses own equipment) **\$80** (player rents equipment from club)

OFFICIAL USE ONLY

OFFICIAL WEIGHT: _____ DATE WEIGHED: _____

AMOUNT PAID: _____ CASH: CHECK NO _____

Payment received by: _____

SEE NEXT PAGE...PLEASE SIGN ON BACK

(Equipment rental, medical release, and indemnity agreements).

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EQUIPMENT RENTAL AGREEMENT:

I / we agree to be fully responsible for the equipment issued to my child and agree to return all such equipment at the conclusion of season. I/we, further agree, to reimburse Conway Optimist Club for any and all equipment not returned.

MEDICAL RELEASE:

Recognizing the possibility of physical injury associated with football and in consideration for Optimist Club and its affiliates accepting the registrant for its football programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify Optimist Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Therefore, I grant the coach and/or Optimist Club Representative to act as my surrogate for my child in the areas of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any treatment for my child. This release shall be in effect for the Optimist Youth football Season.

INDEMNITY AND SAVE BLAMELESS AGREEMENT

I/We, the undersigned, being the parent(s), guardian, or custodian of the minor child named above do hereby agree and request that said child become and be accepted by the Conway Optimist Youth Football Program and have herewith tendered the appropriate fee.

As further consideration for the acceptance of said child, I/we, the undersigned, do hereby agree to save and hold blameless the coaches, officials, and all other representatives of the aforesaid program for any and all injuries received while said child is a participant in any and all of the supervised activities, excluding any intentional injuries inflicted as a result of any acts of the coaches, officials, and any other representatives of the aforesaid program.

It is further agreed that I/we, the undersigned, will provide all protective devices for the aforesaid child during participation in the above-mentioned program. It is further agreed by the undersigned that I/we will indemnify, save and hold blameless the coaches, officials and representatives of the aforesaid program for payment of any medical expenses to include, but not exclude others, all ambulance, doctor, hospital, drug, appliances and braces or any other expenses incurred as a result of the aforesaid child's participation in the aforesaid program.

PARENT(S) / GUARDIAN'S SIGNATURE:
