Lake Hamilton Optimist Club Registration 20_____

SPORT (Check One) ☐ Baseball ☐ Softball ☐ Football ☐ Basketball ☐ Volleyball

NO refunds after teams are formed!

Shirt Size: ☐ YS ☐ YM ☐ YL / ☐ AS ☐ AM ☐ AL ☐ AXL

Jersey # Pref. (Top 2; Not Guaranteed): _____

Would you like to coach? (*Approval pending background check):* **Head** ☐ **Assistant** ☐

Would you or someone you know like to sponsor? **YES** ☐ **NO** ☐

PLAYER'S NAME: (Last) (First)

GENDER ☐ Male ☐ Female

Grade _____

Birth date (M/D/YEAR) _____

PRIMARY CONTAT NAME (PARENT/GUARDIAN)

(Last) (First)

Primary Phone # Phone #2:

EMAIL:

SECONDARY CONTAT NAME (PARENT/GUARDIAN)

(Last) (First)

Primary Phone #: Phone #2:

EMAIL:

MEDICAL RELEASE (Sign below) - ***In case of emergency, If family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (EMT, First Responder, E.R., Physician, etc.).*** **Please list any allergies/medical problems, including those requiring maintenance medications (diabetes, asthma, seizure disorder, etc.) Use back if more room is needed.**

Family Physician: _____ Phone: _____ Hospital Preference: _____

Date of Last Tetanus Toxoid Booster: _____ ***Note: In case of emergency Primary & Secondary Contacts will be contacted in that order.***

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Minor Waiver/Release of Liability for Minor Participants – Read Completely

In consideration of _____, my minor child/ward (my child), being allowed to participate in any way in the Lake Hamilton Optimist Club Sports Program, releated events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist and,
2. For myself, Spouse, and Child, I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence of the releases or others, assume full responsibility for my child's participation and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately and,
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns personal representatives and next of kin, Hereby Release the other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees") with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in these programs, whether arising from the negligence of the releases or otherwise to the fullest extent permitted by law.
5. I, for myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I am also signing for medical release above.

_____

(Parent/Guardian Signature)

_____ _____

(Print Name) (Date)

☐ **Sibling Playing? (Football Only)**

_____ _____

(Name) (Grade)

LHO OFFICIAL USE ONLY

Date Paid: _____

Receipt #: _____

LHO Official: _____