WEATHERFORD OPTIMIST CLUB
PEE WEE FOOTBALL FLAG/7ON7 REGISTRATION FORM
GRADES 1-2
GRADES 3-4
(CIRCLE ONE)

_____ _____ _____ _____/_____/_____
FIRST NAME LAST NAME SEX DATE OF BIRTH

GRADE_____ SCHOOL_____PLAYING AGE AS OF 9/1/08_____

WEIGHT_____ HEIGHT_____T-SHIRT: YS_YM_YL_AS_AM_AL
SHORTS: YS_YM_YL_AS_AM_AL

2008 Team Assignment:_____ Returning Player:(Circle) Yes No

PLAYER LIVES WITH: FATHER MOTHER GUARDIAN
(Circle one or more)

NAME: _____ _____ _____

ADDRESS: _____ _____ _____

CITY/ST./ZIP: _____ _____ _____

HOME PHONE: _____-_____-_____ _____-_____-_____ _____-_____-_____

WORK PHONE: _____-_____-_____ _____-_____-_____ _____-_____-_____

WORK PHONE: _____-_____-_____ _____-_____-_____ _____-_____-_____

EMERGENCY INDIVIDUAL &
PHONE:_____

Scholarship Application Requested: yes ____ no_____ No. Of Siblings in Program _____

FAMILY PHYSICIAN _____ PHONE _____

Does your child have any medical disability, condition or pre-existing injuries? Yes_____ No _____

If yes, please explain _____

Is your child required to take any medication: yes_____ no _____

If yes, please describe:_____

If either of the previous two questions were answered yes, then written consent from your physician MUST be provided to the Weatherford Optimist Club in order for your child to participate in the Weatherford Optimist Club Pee Wee Football League.

(Please turn form over and sign release forms on back)

PARENTAL/GUARDIAN PERMISSION STATEMENT & MEDICAL RELEASE

I/We, the parent or guardian of_____, grant permission for him/her to participate in the Pee Wee Football program of the Weatherford Optimist Club. I/We, the parent or guardian legally authorized to do so, hereby authorize coaches or league officials permission to secure emergency medical service in case of injury, and hereby authorize the above named, to be treated by any qualified, licensed physician who is available to do so in the event the need for treatment arises and our family physician cannot be reached. In any matter arising from the organized sports program including, but not limited to, any negligent act of omission of Weatherford Optimist Club and its' agents, servants, volunteers, officers and employees, the undersigned hereby assumes all the risks and hazards incidental to the child's participation, and agrees to release, indemnify and hold harmless Weatherford Optimist Club, Optimist International, and their agents, servants, volunteers, officers and employees from all liability, costs, expenses, claims and damages sustained as a result of accident, damages or injury to the person or property, or both, of the above named.

I signify by my signature below that I understand that the Weatherford Optimist Club provides only supplemental medical insurance and that any hospital or medical bills in relation to Pee Wee Football will be the responsibility of the parent or guardian's insurance first. The insurance provided by the Weatherford Optimist Club has a deductible of $100, to be paid by the injured player's parent/guardian. I also understand that it is my responsibility to file all claims concerning insurance payments.

This authorization is valid at all times, including whenever I am not immediately available to give my consent to such treatment.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE

REGISTRATION FEE: $65.00

(Includes uniform, equipment, supplemental insurance, pictures & awards)

PAYMENT METHOD: Check # _____ Cash_____Scholarship_____

Date Paid: _____ Verified by: _____

Pre Registration: Please mail Registration Form and Payment to:

Weatherford Optimist Club
Att: Randall Grissom
PO Box 2020
Weatherford, Texas 76086
Phone: 817-597-7307