



**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.

I understand that the complete uniform is to be checked in at the last game of the season. Failure to turn in a complete uniform will result in a \$75.00 uniform charge to the parent or guardian.

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: \$125.00  
(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

