

2017 Deer Creek Optimist Basketball

Individual Player Information Form

Player Name: _____ **DOB:** _____

Address: _____ **ZIP** _____ **Phone #:** _____

School: _____ **Grade** (Fall '17): _____ **Age** (as of 8/31/17) _____ **Gender** (M / F)

Medical Conditions: _____ **Allergies:** _____

If played DCO basketball last year, Team & Coach name: _____

Lives with (please circle): Father Mother Both

Father Name: _____ **Cell #:** _____

Father's email address: _____

Mother Name: _____ **Cell #:** _____

Mother's email address: _____

I/We, the parents and/or legal guardian of the above named candidate for a position on a Deer Creek Optimist team, hereby give my/our approval to participate in any and all league activities. I/We will obey and encourage my/our child to obey the rules and regulations laid down by DCO. I/We will also encourage and teach by my/our example good sportsmanship to my/our child and those I/we come in contact with during league activities. I/We will furnish a copy of the birth certificate for the above name candidate to the DCO and/or team coach.

I/We assume all risks and hazards incidental to participation in league activities, including transportation to and from the activities and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless DCO, the directors and officers, athletic organizers, city of Deer Creek, Deer Creek Schools, owners of practice facilities or land where we practice, sponsors, other participants and persons transporting my/our child to and from activities for any claim arising out of an injury to my/our child, whether the result of negligence or from any other cause.

In the event the parents or legal guardian of the above named child cannot be reached to authorize emergency medical or surgical treatment, the parents or legal guardian whose signature is attached below does hereby consent to any and all medical treatments, including anesthesia and operations, which may be deemed advisable by his/her physicians and surgeons. The intention hereof being to grant authority to administer and to perform any examinations, treatments, anesthetics, operations, and diagnostic procedures, which may during the course of the patient's care is deemed advisable or necessary. This authorization is valid only while said player is away from his/her legal address and for the purpose of participating in Deer Creek Optimist activities.

PARENT SIGNATURE _____ **DATE:** _____

Parent willing to coach (please circle): YES or NO

If YES, please indicate grade/gender you are willing to coach: _____

Email form to deercreekooptimist@gmail.com

Submitting this form to DCO does NOT guarantee your child will be placed on a team. DCO will do everything possible to find a team for your child. However, DCO does not have a coaching staff available to coach individual players. DCO highly encourages all parents to actively form and find caches for their own teams. DCO suggests the use of Deer Creek Optimist and Deer Creek Parents Facebook pages to seek out players and/or coaches for teams.

Please visit DeerCreekOptimist.com for team registration instructions.