

2017 Deer Creek Optimist Football

League Registration Form

Email to reserve your spot at deercreekooptimist@gmail.com

Player Name: _____ DOB: _____

Address: _____ ZIP _____ Phone #: _____

School: _____ Grade (Fall '17): _____ Age (as of 5/1/17) _____

Medical Conditions: _____ Allergies: _____

If played tackle football last year, Team & Coach name: _____

Lives with (please circle): Father Mother Both Height _____ Weight _____

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: _____

Email form to reserve your spot on a team at deercreekooptimist@gmail.com

Send Registration Payment through PayPal (Pay to is @ deercreekooptimist@gmail.com)

OR

mail completed form and payment:

DCO 220 S. Broadway Edmond, OK 73034

Player fee: \$85 for the first child, \$50 for each additional child on DCO football team

List names and team of siblings: _____

FOR OFFICE USE ONLY: Total enclosed: \$ _____ Check# _____ Cash _____ Paypal _____