

Richmond-Perrine GIANTS

2021-2022 BASKETBALL PROGRAM REGISTRATION FORM

RICHMOND-PERRINE OPTIMIST CLUB

18055 Homestead Avenue, Miami, Florida 33157 (305-233-9325) - Website:richmondperrineoptimist.org

(PLEASE PRINT CLEARLY)

BASKETBALL AGE GROUPS:

_____ *4 - 7 yrs old (cannot turn 8 after February 1st)
_____ 6 - 9 yrs old (cannot turn 10 before April 1st) _____ 12 - 13 yrs old (cannot turn 14 before April 1st)
_____ 10 - 11 yrs old (cannot turn 12 before April 1st) _____ 14 - 15 yrs old (cannot turn 16 before April 1st)

PARTICIPANT NAME _____ BIRTH DATE _____ AGE _____

ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE _____ EMAIL _____

PARENT/GUARDIAN _____ CELL NO. _____

EMERG CONTACT NAME _____ RELATIONSHIP _____ PHONE _____

ACADEMIC STATUS

CURRENT SCHOOL _____ GRADE _____

PARENT/GUARDIAN CONSENT TO PLAY

I, _____, THE UNDERSIGNED PARENT OR LEGAL GUARDIAN OF PARTICIPANT DO HEREBY CONSENT AND AGREE THAT THE ABOVE NAMED MINOR CHILD MAY PARTICIPATE IN THE RICHMOND-PERRINE OPTIMIST BASKETBALL PROGRAM. THE UNDERSIGNED FURTHER AGREES THAT THE **RICHMOND-PERRINE OPTIMIST BASKETBALL PROGRAM**, INCLUDING THE **RICHMOND-PERRINE OPTIMIST CLUB**, ITS MEMBERS, VOLUNTEER OFFICIALS, COACHES, REFEREES AND OTHER SUPPORT PERSONS, **WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY ACCIDENT WHICH MAY RESULT FROM MY CHILD'S PARTICIPATION** IN SAID LEAGUE'S ACTIVITIES, INCLUDING BUT NOT LIMITED TO GAMES, PRACTICES, TRAVEL AND/OR BEING A SPECTATOR. IT IS FURTHER AGREED THAT THIS CONSENT SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL SUCH TIME AS THE UNDERSIGNED PARENT AND/OR LEGAL GUARDIAN SHALL NOTIFY THE RICHMOND-PERRINE OPTIMIST CLUB, IN WRITING, OF THE CANCELLATION OF THIS CONSENT.

PERSONAL INSURANCE COVERAGE

THE RICHMOND-PERRINE OPTIMIST CLUB CARRIES A BLANKET SECONDARY INSURANCE COVERAGE FOR ALL PARTICIPANTS IN OUR SPORTS PROGRAMS. PLEASE NOTE THAT IN EVENT YOUR CHILD IS INJURED OR NEEDS MEDICAL ASSISTANCE, YOUR PRIMARY INSURANCE COVERAGE ACTS AS FIRST PAYEE OF ALL COSTS INCURRED.

DATE : _____ PARENT SIGN **X** _____

REGISTRATION FEE INFORMATION (ADMINISTRATIVE USE ONLY)

TOTAL FEES DUE \$ 100.00 _____ AMOUNT PAID \$ _____ DATE _____

CASH / MONEY ORDER / SPONSOR RECEIPT # _____ PAID BY _____

FEES BAL. DUE \$ _____ AMOUNT PAID \$ _____ DATE _____

CASH / MONEY ORDER / SPONSOR RECEIPT # _____ PAID BY _____