

Richmond-Perrine GIANTS

BASKETBALL PROGRAM REGISTRATION FORM (YR) _____

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 before March 1st) Gender: M ___ F ___
_____ 6 - 9 yrs old (cannot turn 10 before March 1st) _____ 12 - 13 yrs old (cannot turn 14 before March 1st)
_____ 10 - 11 yrs old (cannot turn 12 before March 1st) _____ 14 - 15 yrs old (cannot turn 16 before March 1st)

NAME OF PARTICIPANT _____ BIRTH DATE _____ *AGE _____
ADDRESS _____ CITY _____ ZIP CODE _____
PHONE ^{*Best} Contact _____ EMAIL* _____
MOTHER _____ CELL NO. _____ WORK/HOME NO. _____
FATHER _____ CELL NO. _____ WORK/HOME NO. _____
LEGAL GUARDIAN _____ CELL NO. _____ WORK/HOME NO. _____
EMERG CONTACT NAME _____ RELATIONSHIP _____ PHONE _____
ACADEMIC STATUS
CURRENT SCHOOL _____ GRADE _____

PARENT/GUARDIAN CONSENT TO PLAY/PARTICIPATE

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.

EQUIPMENT-UNIFORM RETURN / REFUND POLICY

I ALSO AGREE TO RETURN ALL EQUIPMENT/UNIFORMS ISSUED TO MY CHILD OR TO PAY REPLACEMENT VALUE FOR ANY ITEMS NOT TURNED IN OR LOST. NOTE: ONLY 50% OF FULL REGISTRATION FEES PAID MAY BE REFUNDED. NO REFUNDS WILL BE ISSUED AFTER THE FIRST GAME OF THE SEASON.

DATE : _____ PARENT SIGN **X** _____

ADDITIONAL INFORMATION: **Please provide clear copy of child's Birth Certificate for age verification*

Yrs of Basketball Exp.: _____ Player Shirt Size: _____ Player Pants Size: _____ **Allergies or Medical Conditions: _____

REGISTRATION FEE INFORMATION (ADMINISTRATIVE USE ONLY)

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

CASH / CCARD / SPONSOR / CASHAPP / *EKS SCHOLARSHIP RECEIPT # _____ PAID BY _____

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

CASH / CCARD / SPONSOR / CASHAPP / *EKS SCHOLARSHIP RECEIPT # _____ PAID BY _____