

Richmond-Perrine GIANTS - FOOTBALL PROGRAM

Member of GREATER MIAMI-SOUTH FLORIDA POP WARNER, INC. AND POP WARNER LITTLE SCHOLARS

FOOTBALL ONLY - REGISTRATION FORM***

RICHMOND-PERRINE OPTIMIST CLUB

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

___ - Intramural Super Peewee [Age 4-5]

POP WARNER AGE-BASED TEAMS

___ - 6U*/Jr. Bandit [Age 5-6]

___ - 8 U [Age 7-8]

___ - 12 U [Age10-11-12]

___ - 7U*/Bandit [Age 6-7]

___ - 9 U [Age 7-8-9]

___ - 13 U [Age11-12-13]

___ - 10 U [Age 8-9-10]

___ - 14 U [Age12-13-14]

___ - 11 U [Age 9-10-11]

~A child's Age on July 14th is his/her age for the season *NEW 2026~ ALL TEAMS ARE AGE-BASED WITH UNLIMITED WEIGHT**

(PLEASE PRINT CLEARLY)

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 FOOTBALL PROGRAM. THE UNDERSIGNED FURTHER AGREES THAT THE **RICHMOND-PERRINE OPTIMIST FOOTBALL 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 (INSTRUMENT) RETURN / REFUND POLICY

I ALSO AGREE TO RETURN ALL EQUIPMENT ISSUED TO MY CHILD OR TO PAY REPLACEMENT VALUE FOR ANY EQUIPMENT 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** _____

***NO equipment/Instrument will be issued until the following requirements are met:**

() Birth Certificate () Parent Consent Form () Physical Form () Report Card () Full Registration Fees Paid

REGISTRATION FEE INFORMATION (ADMINISTRATIVE USE ONLY)

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

CASH / CREDIT CARD / SPONSOR / CASHAPP / *SCHOLARSHIP RECEIPT # _____ PAID BY _____

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

CASH / CREDIT CARD / SPONSOR / CASHAPP / *SCHOLARSHIP RECEIPT # _____ PAID BY _____