

Laurel London Optimist Club Sports Application

Circle one: **Basketball** **Soccer** **Cheerleading** **Volleyball**

Child's Information: Boy _____ Girl _____ Circle Shirt Size: YXS YS YM YL YXL AS AM AL AXL A2XL

Child's Name _____

Address _____ City _____ State _____ Zip _____

*Telephone Home _____ *Cell _____

*Work _____

Date of Birth ____ / ____ / ____ **Child's Age as of August 1st** _____

What school does child attend?

List any physical, medical or special needs: _____

Does child have insurance/medical card? Yes _____ No _____

Does child have brother/sister who needs to participate on the same team? Yes _____ No _____
(Must be in the same age league to be on the same team)

Sibling's Name _____ Age _____

Parent/Guardian Name _____

PARENT/GUARDIAN EMAIL ADDRESS (IMPORTANT) IN CASE OF CANCELLED EVENTS

Person other than parent in case of emergency _____

Phone _____

WOULD YOU OR SOMEONE YOU KNOW BE INTERESTED IN COACHING, REFEREEING OR SPONSORING A TEAM?

Do you give Laurel London Optimist Club permission to use your child's photo (team photo) for use on our website or social media? Yes _____ No _____

If your child participates on a school team they may not participate with the Optimist league at the same time

YOU MUST SUBMIT A COPY OF THE CHILD'S BIRTH CERTIFICATE WITH REGISTRATION FEE THEY ARE NOT KEPT.

I, _____ (Parent/Guardian) give permission and authorize _____ child's name) to participate in the sport of _____ at the Laurel London Optimist Club facility, fields, camp and other structures, including bleachers, tables, chairs etc. Therefore (I, We) release of liability and hold harmless the Optimist Club, their members, associates and sponsors from any injury that may result or incur while participating in such activity. In my absence, emergency medical treatment is authorized.

Parent/Guardian Signature _____ *Date _____

Registration Fees Make checks payable to: Laurel-London Optimist Club P.O. Box 906 London, Ky. 40743

PLEASE DO NOT SEND CASH VIA MAIL --- WE DO NOT ACCEPT EMAIL APPLICATIONS

Office Use Only

1 child \$50.00 _____ 2 children \$70.00 _____ 3 children \$80.00 _____ Check# _____

Cash _____ Birth Certificate verified _____ Optimist Member initials _____

NO REFUNDS

Website: www.LaurelLondonOptimistFoundation.org