

LIVERPOOL OPTIMIST BASKETBALL LEAGUE (LOBL) PLAYER REGISTRATION APPLICATION FORM 2009-2010 SEASON

Registration Instructions

1. A parent or legal guardian must complete this form and sign the Medical Release and Liability Release
2. Payment must be made at the time of registration, checks payable to the Optimist Club of Liverpool. Any fees incurred by the Optimist Club for returned checks will be the responsibility of the check writer. If payment for a returned check cannot be collected in 30 days, applicant will be removed from the league.
- 3. After payment is made, completed forms must be delivered to individual league registration tables**

Player's Information

Last Name: _____ First Name: _____ Female Male
 Street Address: _____ Zip Code: _____
 Players Contact Phone #: _____ E Mail Address: _____
 Grade: _____ School: _____ Date of Birth: _____

Parent's Information

Parent/Guardian Name: _____ Phone #: _____
Home Cell, work or other
 Street Address: _____ Zip Code: _____
 E Mail Address: _____

Parent/Guardian Name: _____ Phone #: _____
Home Cell, Work or other
 Street Address: _____ Zip Code: _____
 E Mail Address: _____

WE ARE ALWAYS IN NEED OF VOLUNTEERS TO HELP US... ARE YOU WILLING?

I am interested in: **Coaching** _____ **Assistant Coach** _____ **Scorekeeping** _____

Medical Release

I, the parent/guardian of the Player, hereby give consent for emergency medical treatment as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry whenever and under whatever conditions are necessary to preserve the life, limb or well-being of the Player. I also hereby assume responsibility for payment of such treatment

Name (Printed): _____ Signature: _____ Date: _____

Liability Release

I, the parent/guardian of the applicant, hereby certify that all of the above information is accurate and that it is with my full knowledge and consent that the above applicant may take part in the basketball league sponsored by the Optimist Club of Liverpool. Further, the applicant, any guests we bring and I will abide by the rules of the LOBL and the rules of the facilities used for games and and practices.

I will not hold the Optimist Club of Liverpool, its principals or representatives, responsible for any injury my child may sustain while engaged in this program. I also certify that the applicant has no physical limitations which prevents playing basketball.

Name (Printed): _____ Signature: _____ Date: _____

Fee Received by: _____ Date: _____ CASH CHECK Family Max \$255

REFUND POLICY: 75% OF FEE BEFORE 11/30/09; NO REFUNDS AFTER 12/01/09

The Optimist Club of Liverpool reserves the right to restrict enrollment of players not enrolled in the Liverpool Central School District or not previously enrolled in the LOBL . Enrollment is subject to disqualification for non payment, for giving false or misleading information to the LOBL or for failure to follow conduct rules set forth by the LOBL.