



Oliver Springs Youth Club



Oliverspringsyouthclub.com

Football Sign-Up 2010

I, the custodial parent/legal guardian, hereby give permission for _____ (child's name) to participate in the little league football and/or cheerleading program offered by the Oliver Springs Youth Club (OSYC). I understand that in order for my child to participate he/she must be five years old before May 1, 2010. I hereby release and waive the OSYC coaches, organizers, directors, and board members of any liabilities, including medical expenses, should the above named child incur any injury (minor, serious, or fatal) while participating or traveling before or immediately after any and all scheduled OSYC approved events (games, scrimmages, practice sessions, etc.). I further agree to reimburse OSYC the replacement cost for any and all lost, stolen, and/or unreasonably damaged equipment or uniforms that are issued to my child for participation in this program. Unreasonable damage will be determined by the OSYC board members. I further relieve OSYC of any responsibilities from loss and/or theft of any and all personal items. All participating players, coaches, and parents are expected to display good sportsmanship at all times. When signing this form, you as the custodial parent/legal guardian, will be required to work a MINIMUM of ONE HOUR in the concession stand or the gate before or after your child's game or practice. Without concession stand revenues, the OSYC will not have adequate funding to maintain our program.

Replacement cost:

Helmet \$125, Shoulder Pads \$50, Game Pants \$45, Game Jerseys \$45, Practice Pants \$20, Chin Strap \$5, Thigh Pads \$10, Tail Pads \$5, Hip Pads \$10

Total Cost \$325.00

Signature of Custodial Parent/Legal Guardian _____ **Date** _____

My child may have his or her photograph or likeness appear on the OSYC website or other media such as local newspapers, etc.

Signature of Custodial Parent/Legal Guardian _____ **Date** _____

I, the custodial parent/legal guardian of the above child, do hereby give my permission to OSYC coaches, directors, and board members to seek medical attention required when an injury has incurred to my child in the event of my absence.

Signature of Custodial Parent/Legal Guardian _____ **Date** _____

Child's Name (First, MI, Last):	
Address:	Birth Date (MM/DD/YYYY):
City, Zip:	Age (as of May 1, 2010)
<u>Custodial Parent/Legal Guardian Information</u>	
Father/Guardian Name:	Mother/Guardian Name:
Address (if different):	Address (if different):
Home Phone (if different):	Home Phone (if different):
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Do you have health insurance for your child? Yes _____ No _____	
Name of Insurance Company:	
Name of Insured:	
Please list all pertinent medical information, physical limitations, problems, or special needs:	
Emergency Contact (other than parents):	
Phone #:	Relationship:
Are you the custodial parent or legal guardian? Yes _____ No _____ if not who is?	
Is anyone legally not allowed to have contact with your child at OSYC events? Yes _____ No _____ if so, please list name(s) (documentation may be required):	
For OSYC Use Only:	
Football Jersey Size:	Cheerleading Shirt Size:
Football Pant Size:	Cheerleading Skirt/Shorts Size:

If your child's uniform and equipment are not returned:

1. Your child will not receive a trophy.
2. Your child will not be allowed to participate in the next season or any other OSYC sport.
3. You, as a parent or guardian, will be responsible for the total cost of the missing items plus any additional fees.