

FORTVILLE OPTIMIST CLUB  
P.O. Box 302  
Fortville, Indiana 46040

S P O R T S   P R O G R A M   R E G I S T R A T I O N

Softball \_\_\_\_\_ Baseball \_\_\_\_\_ Soccer \_\_\_\_\_ Basketball \_\_\_\_\_

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Girl \_\_\_\_\_ Boy \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Shirt Size (Circle One)   Youth   S   M   L   Adult   S   M   L   XL

Physical Limitations:   Briefly state any limitation or other medical considerations which should be known to the coach or other officials.   IF NONE SO STATE.

I would like to help in the program as a:   Coach \_\_\_\_\_   Asst. Coach \_\_\_\_\_   Referee \_\_\_\_\_   Concession Help \_\_\_\_\_   Hall Monitor \_\_\_\_\_   Other \_\_\_\_\_

\* - \* - \* - \* - \* - \* - \* - \* - \* - \* - \* - \* - \* - \* - \* - \* - \*

I, the undersigned parent or legal guardian of the above named minor, hereby give my permission for the child to participate in any and all activities of the Sports Program for which he or she is registering.

I acknowledge responsibility for medical expenses for injuries sustained for this minor occurring in this sport, whether in a game or practice.

I further agree on my part and on the part of the minor in my custody to hold the Fortville Optimist Club and its agents or associates harmless from any liability arising from injury to property, real or personal, as well as direct physical injury to the minor in my custody or injury to any other person.

Receipt of \$ \_\_\_\_\_   Cash \_\_\_\_\_   Check \_\_\_\_\_  
Date \_\_\_\_\_   Registration Fee is Acknowledged.

\_\_\_\_\_  
Parent or Guardian Signature   Optimist Club Representative

Distribution of Copies   White - Optimist Club Secretary/Treasurer  
Canary - Sports Commissioner   Pink - Coach  
Goldenrod - Parent