

NORTH AUSTIN OPTIMIST

YOUTH ACTIVITIES APPLICATION

Please Print

PARTICIPANTS NAME: _____ DATE OF BIRTH: _____

AGE: _____ GRADE: _____ SCHOOL ATTENDING: _____

ADDRESS: _____ APT.# _____

CITY _____, TEXAS ZIP CODE _____ HOME PHONE: _____

Having been informed that the North Austin Optimist (NAO) Youth Program is to provide supervised games for children, I/we the parents/legal guardians of the above named participant, do hereby give my/our approval to their participation in any and all activities, transportation to and from such activities, and I/we do further hereby release, absolve, indemnify, and hold harmless any/or all of the North Austin Optimist, organizers, sponsors, and supervisors. I/We likewise release from responsibility any person transporting my/our child to or from such activities.

Because of the nominal fee to North Austin Optimist Youth Program: I/We will work on the fundraisers when assigned to our child and/or their team. _____ Please initial. I/We will work in the concession stand when assigned for our child's team. _____ Please initial. I/We will bring one items to sell raffle tickets when assigned to my/our child. _____ Please initial.	Child's Shirt Size (circle one) Youth: S - M - L Adult: S - M- L - XL - XXL
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This is to certify that I/we the parents/legal guardians of _____, a participant of the NAO Youth Program, do hereby grant permission to the adult manager, coach, and business manager of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the participant named herein at such time as either a parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the North Austin Optimist, organizers, supervisors, participants, and personal transporting the player to and from such activities, for any claims or cost arising out of an injury to the participant. North Austin Optimist does carry supplemental medical insurance.

A nonrefundable \$25 administration fee will be retained from the registration fee for every player who withdraws from the program. after being placed on a team.

FATHER'S NAME: _____ WORK # _____ CELL#: _____
(PLEASE PRINT)

EMAIL ADDRESS: _____ OCCUPATION: _____

MOTHER'S NAME: _____ WORK # _____ CELL#: _____
(PLEASE PRINT)

EMAIL ADDRESS: _____ OCCUPATION: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

I am interested in the following: _____ I AM REQUESTING THE FOLLOWING COACH: _____

Head Coach Sponsorship Scorekeeper Umpiring (PONY Certified)
 Asst. Coach Team Rep. Fundraiser N.A.O. Membership

PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

ACTIVITY: _____ LEAGUE _____ FEE: _____ CASH REC'D _____

SIBLINGS INCLUDED: YES / NO HOW MANY: _____ DISCOUNT: _____ \$ _____

SIBLING NAMES: _____ AMOUNT PD: _____ CHECK REC'D _____

RECEIVED BY: _____ DATE: _____ BALANCE DUE: _____ # _____

BALANCE DUE WILL BE PAID NO LATER THAN: _____

WHITE COPY - REGISTRAR

YELLOW COPY - PLAYER AGENT

PINK COPY - COACH

GOLD COPY - PARENT/GUARDIAN

Revised 01/09/2009