



# Boyertown Optimist Football /Cheerleader Registration



(Please print)

**Team Information:** Knee Hi Tackle and Cheer (Ages 7-8 yrs.) Mites Tackle and Cheer (Ages 9-10 yrs.) Midget Tackle and Cheer (Ages 11-12 yrs.)

Participants **MUST** live within or attend a school within the Boyertown School District.

Registration Deadline July 1<sup>st</sup> 2010 or until all spots are filled (Register EARLY to reserve your spot).

For more information: [www.leaguelineup.com/bearpaws](http://www.leaguelineup.com/bearpaws)

Mail-In Registrations: Boyertown Optimist Football, PO Box 511 Bally, Pa. 19503.

Make checks payable to "Boyertown Optimist" (\$20 Charge for Bounced Checks).

There will be no refunds after August 16<sup>th</sup>.

### Football

- March 1<sup>st</sup> to April 1<sup>st</sup> \$110 (each additional child \$60)
- April 2<sup>nd</sup> to May 31<sup>st</sup> \$125 (each additional child \$70)
- June 1<sup>st</sup> to July 1st \$150 (each additional child \$80)
- Lottery Ticket Buyout option** (add \$75 per family)

Football New \_\_\_ Returning \_\_\_

### Cheering

- March 1<sup>st</sup> to April 1<sup>st</sup> \$90 (each additional child \$55)
- April 2<sup>nd</sup> to May 1st \$90 (each additional child \$55)
- May 2nd to July 1st \$100 (each additional child \$60)
- Lottery Ticket Buyout option** (add \$75 per family)

Cheering New \_\_\_ Returning \_\_\_

*If your child is a new player then a copy of their Birth Certificate must accompany this form.*

**FOOTBALL ONLY!**

**Years with Optimist Program: 1 2 3 4 5 6 7**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

(As of 7/1/2010)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

School Child Attends \_\_\_\_\_

Mother/ Guardian Name: \_\_\_\_\_ Father/ Guardian Name: \_\_\_\_\_

**In case of emergency where a parent or guardian cannot be reached, please contact the following:**

\_\_\_\_\_  
Name/Relationship Phone #

**Does your child have any special medical condition or allergies that we should be aware of?**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

### Parent Permission

**No Refunds.** Equipment will be issued when full registration payment is received. Players will not be allowed to participate in the Boyertown Optimist Football/ Cheering Program if payment is not paid in full. Fees include rental of game uniform, football or cheerleading equipment. Uniforms and equipment are the property of Boyertown Optimist Football/ Cheering Programs and must be returned by the end of the season. I agree to pay the cost of any lost equipment issued to my child.

**Medication Authorization:** I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any responsible accessible hospital.

**Liability Waiver:** As the parent (or legal guardian) of the above named minor, I grant permission for the minor to participate in all activities of the sports program. I assume all risk and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against Boyertown Optimist Football/ Cheering, Sponsors, volunteers, agents and other participants. Photos of my child may be used for publications in newspapers, yearbooks, programs etc.

Signature of Parent / Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**FOR OPTIMIST FOOTBALL/CHEER USE**

[ ] Check # \_\_\_\_\_ [ ] Cash Amount \_\_\_\_\_ Birth Certificate \_\_\_\_\_