

Sports Player Card

Football

Basketball

Baseball

Volleyball

Please circle the appropriate sport above and fill out completely. Please print.

| Name | Birth Date Grade Age |
|--|---|
| Address | Cell PhoneEmail |
| School Attending | Team Playing For |
| I, understand that | Division of Play |
| my player can only play for one team in same age division | |
| or injury to player named above resulting directly or in team. We agree as parents and player not to razz or to make coaches or players. For violation of this agreement we under playing until reinstated by the City or Lawton Parks and Recoach, booster club and/or team organizer to ensure player registration rules and procedures. Failure to properly registed All games that an illegal player participates in will be coregistered means each player has their physical, player's | dians, that the above team, the City of Lawton and any of its y, claims or demands whatsoever in the event of any accident ndirectly from player's participation as a member of the ke abusive, insulting remarks to or about umpires, officials, retand that the penalty is suspension from attending games or cereation commission. It is the responsibility of the parents, are properly registered in accordance with current leagues are a player could result in your player being an illegal player counted as forfeit by loss to the offending team. Properly card, move up form, placement form and any required the parent's Int) |
| Print Name of Parent or legal guardian | |
| Signature of Parent or Legal guardian | Date |
| Coach (must be signed by head or assistant coa | nch) Date |
| The above information must be verified by a school offici designee at the school the player attends. Verified by: Amy Rhoads (print) Title: Sports Cords | |
| | Release Statement |
| I give permission to the Department of Parks & Recreation a reservation, my or my child(ren)'s likeness and any interview limited to promoting both above mentioned entities, program | and the City of Lawton to use without charge and without |
| I agree to forever release, discharge, defend, indemnify and officials, departments, employees, agents and servants, of, flosses of any kind whatsoever. | otherwise hold harmless the City of Lawton, Oklahoma, its from, and against any and all claims, demands, expenses, or |
| In addition, I waive the right to inspect or approve the finished my or my child(ren)'s likeness appears. Please note that crow are exempt from this release requirement. | ed product, including written or electronic copy, where in wd scenes where no single person is the dominate feature |
| I agree to all terms and conditions as stated above. | |
| I DO NOT agree to all terms and conditions as state | ted above. |
| By signing below, I hereby acknowledge that I have read and | d understood the terms of this release. |
| Signature of Parent or Legal guardian | Date |

Medical and Physical Needs Information

| Does your athlete requ | ire any medication during p | ractice or games? | | |
|-------------------------|---------------------------------|--|-------------------|--|
| List any current medica | ation, allergies, illnesses, or | physical needs below: | | |
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| Doctor or Clinic Inform | ation in case of Emergency | | | |
| Dr's Name | | | | |
| Phone | | | | |
| Do you give permission | n to? Please circle yes or no | for the three categories bel | ow. | |
| Call Doctor | Treat | Call Ambulance | | |
| Yes No | Yes No | Yes No | | |
| | Concept for Emerg | ency Medical Treatment | | |
| | Consent for Emerg | ency iviedical freatment | | |
| (Parent/Guard | | ve consent for emergency tr | eatment | |
| (Parent/Guard | nan Name) | | | |
| For | | transport athlete to: | | |
| (Athlete Name | e) | | (Hospital choice) | |
| If Parent or Guardian | cannot be reached please of | | | |
| | (Name of Contact) | | | |
| de English W. William | | a series | W. Carrier | |
| (Home Phone) | (Work Phone) | (Cell Phone) | (Other Phone) | |