

# REGISTRATION FORM



Cost per child: \$55 Football / \$45 All Other Programs | A two-child family cap applies to all Boosters programs  
 Fees **must** be paid at time of registration

<b>Shirt Size:</b> <input type="checkbox"/> Youth <input type="checkbox"/> Adult XS   S   M   L   XL   XXL	<b>Fall</b> <input type="checkbox"/> Cheering <input type="checkbox"/> Football <input type="checkbox"/> Soccer	<b>Winter</b> <input type="checkbox"/> Basketball <input type="checkbox"/> Cheering <input type="checkbox"/> Wrestling	<b>Summer Clinics</b> <input type="checkbox"/> Lacrosse <input type="checkbox"/> Tennis
<b>School Name:</b> _____			<b>Grade:</b> _____
<b>PARTICIPANT INFORMATION</b>			
Participant's Name:	DOB:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Name of sibling/s in same program:
Street Address:	City:	Zip:	
<b>CONTACT INFORMATION</b>			
<b>PARENT/GUARDIAN CONTACT</b> Check here if address is same as above <input type="checkbox"/>			
Name:	Relationship to Participant:		
Street Address:	City:	State:	Zip:
Email:	Cell Phone:	Home Phone:	
<b>CONTACT #2</b> Check here if address is same as above <input type="checkbox"/>			
Name:	Relationship to Participant:		
Street Address:	City:	State:	Zip:
Email:	Cell Phone:	Home Phone:	
<b>HEALTH &amp; INSURANCE INFORMATION</b>			
Physician:		Phone:	
Is Participant covered by health insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Insurance Company:		
Subscriber's name:	Subscriber's Relationship to Participant:	Group no.:	Policy no.:
Known allergies:		Current medications:	
Please list any information a coach should be aware of (use back of form if needed):			
<b>IN CASE OF EMERGENCY</b>			
Name of local friend or relative (not living at same address):	Relationship to Participant:	Cell Phone:	Home Phone:
<b>RELEASE OF LIABILITY</b>			
<p><b>I acknowledge and fully understand</b> that my child will be engaging in activities that involve risk of injury and/or accidents and that they are common and ordinary occurrences in sports. <b>I hereby release and hold harmless</b> the Oxford Hills Athletic Boosters Association, MSAD #17 school district, designated coaches and program coordinators for all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employee or volunteer in connection with my child's participation. In case of medical emergency, <b>I hereby give permission</b> to the program coaches and coordinators to order medical treatment for my child in my absence. <b>I also understand that all related medical costs are my responsibility.</b></p> <p>I <b>[DO <input type="checkbox"/></b>] <b>[DO NOT <input type="checkbox"/></b>] give permission for my child to be photographed while participating in sporting events, celebrations, practices, and other program-related events for use on the program websites, social media pages, and/or in newspaper articles.</p>			
_____ Parent/Guardian Signature			_____ Date

**Yes!** I would like to volunteer with OHAB for:    Snack shack     Coaching     Fundraising events

ADMIN USE ONLY:

Cash    Credit Card    Check # \_\_\_\_\_    Amount Owed \$ \_\_\_\_\_    Amount Paid \$ \_\_\_\_\_     Family cap?