

OLPS Booster Waiver

PLAYERS NAME: _____

PARENTS' NAME: _____ PHONE NUMBER: _____

_____ PHONE NUMBER: _____

ADDRESS: _____

DATE OF BIRTH (AGE): _____ (____) GRADE: _____

WAIVER: In consideration of my child's participation in the activities of the Prompt Succor Booster Program, I do hereby agree to hold free from any and all liability Prompt Succor and its coaches, officers, employees and members, and do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims of damages which I/my child may have to which may hereafter occur to me/my child arising out of or connected with me/my child's participation in any activities of the Prompt Succor Booster Program.

I hereby declare myself/my child to be physically sound and able to participate in the activities of the Prompt Succor Booster Program.

Signature

Date

Registration Fee: **\$25.00**

****Please write separate checks for the registration fee and the uniform fee.***

Please make check payable to: **Prompt Succor Home and School**