

BURKE COUNTY RECREATION DEPARTMENT
FOOTBALL REGISTRATION FORM

Name of Participant _____ Today's Date _____

Address _____
(Mailing) (City) (Zip)

Home Phone _____ Email Address _____

City Resident _____ County Resident _____ Grade _____ School _____

Sex _____ Age _____ Birthdate _____ Jersey Size: YM YXL AM AXL AXXL

Flag League Shirt Size: YS YM YL AS AM

Mother's Name _____ Cell or Work Phone _____

Father's Name _____ Cell or Work Phone _____

Physical Problems, if any _____

Additional Children in Household _____

I release BCRD to use my child's photo in any publicity presentations. Yes _____ No _____

Recreation Insurance: I do want _____ I do not want _____ Recreation Insurance.

PLEASE READ AND SIGN

I, the parent or guardian of the above applicant, hereby give my approval to his/her participation in any or all activities during the current program. I assume all risks and hazards incidental to such participation, including transportation to and from activities and I hereby waive, release, absolve, indemnify and agree to hold harmless the local program, organizers, sponsors, supervisors, participants and persons transporting my child, except to the extent and in the amount covered by accident or liability insurance.

I understand that in extreme cases of rowdy or disruptive behavior on the part of my child, myself, family, group or team we may be subject to being barred from further participation in the organized recreation program and Recreation Department property or property being used to conduct recreation activities. Rules governing organized recreation activities will be made available upon request. **I understand that I, or an adult representative, must attend a mandatory parents meeting in order for my child to participate in the league.**

I will furnish a certified birth certificate of the above applicant upon request by league officials.

There will be no refunds issued once team selection is complete. Refunds are not issued when children are removed from teams by parents for personal reasons.

Parent or Guardians Signature _____ **Date** _____

I am interested in:

Coaching a Team _____ League _____ Assisting a Coach _____ (Coach's Name) _____

(ALL PERSONS ARE INVITED TO PARTICIPATE IN AND USE ALL FACILITIES OF THE BURKE COUNTY RECREATION DEPARTMENT, REGARDLESS OF RACE, COLOR OR NATIONAL ORIGIN)

Do not write in this area. For Recreation Department use only.

LEAGUE _____ REDUCED FEE _____ LATE FEE _____

FEE _____ AMOUNT PAID _____ CHECK # _____ CASH _____

BALANCE _____ PAYS _____ (Previous) _____ (Paid this Registration)

PANTS W/ PADS _____ PANTS ONLY _____ NO PANTS _____ PADS ONLY _____

OTHER INFORMATION _____ INSURANCE _____

STAFF INITIALS _____ DATE _____ TIME _____ RECEIPT _____



Parents Association for Youth Sports

PARENTS’ CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents’ Code of Ethics.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child’s coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches’ Code of Ethics.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth – not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

PARENTAL AUTHORIZATION AND MEDICAL RELEASE

I, parent or guardian of the child whose name is listed on the same line with my signature below, hereby give approval to his/her participation in Burke County Recreation Department activities. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby, waive, release, absolve and indemnify and agree to hold harmless the Burke County Recreation Department, the organizers, sponsors, supervisors, participants and persons transporting the child to and from activities, for any claim arising out of injury to the child, except to the extent and in the amount covered by accident and/or liability insurance held by the parent.

I also grant permission to managing and/or coaching personnel or other league representative or tournament officials to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including medical surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in Burke County Recreation Department activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment.

It is the parent’s responsibility to make sure their child attends all practices and games. Any child who misses two (2) consecutive practices or games can be benched by the coach for one (1) game, with the approval of the Recreation Department. Any child who continuously misses practices or games will be dismissed from the team. It is the coach’s responsibility to notify the Recreation Department of any child’s missed games or practices.

CHILD’S NAME _____
(PLEASE PRINT)

I have read all of the above and by signing this document I am held responsible for the above actions.

Parent/Guardian Signature

Date