

Youth Sports Registration

For office use only



Child's Name: _____ Gender: _____ Birth Date: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____ Occupation/Rank: _____

Organization/Unit: _____ Work Ph.: _____

Mother's Name: _____ Occupation/Rank: _____

Organization/Unit: _____ Work Ph.: _____

Uniform Size *(Please circle appropriate sizes)*

Shirt: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

Pants: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL

Sport: _____

Season/Year: _____

EMERGENCY CONTACTS: *(Other than parent/guardian)*

These people may be called in an emergency to act on my behalf if I am unavailable:

Name: _____ **Relationship** _____

Home Phone: _____ **Phone:** _____

Name: _____ **Relationship** _____

Home Phone: _____ **Phone:** _____

MEDICAL TREATMENT UNDERSTANDING:

In the event that my child exhibits signs of illness or injury, I understand the Youth Sports representatives will contact me immediately so that I can obtain medical treatment for my child. In the event I cannot be immediately contacted, I understand that contact will be made with either of my listed emergency contacts so that they can obtain medical treatment for my child. If contact cannot be made with my listed emergency contacts, I appoint the Activities supervisor and Medical Personnel at the Kaneohe Dispensary, Tripler Army Hospital or Preventive Medicine to obtain medical treatment deemed necessary by Medical Department personnel until I can be contacted.

I also agree to the Parent Code of Conduct given at the time of registration. I agree to abide by the Code and accept consequence's that could lead up to removing your child from the program.

Signature of Releaser: _____ Date _____

(Parent/Guardian)

MEDICAL INFORMATION: () PLEASE CHECK IF CHILD HAS SPECIAL NEEDS

Medications: _____ Allergies: _____

Coaches are not responsible for administering medication.

**AGREEMENT AND RELEASE OF LIABILITY
FOR MINOR PARTICIPANTS IN
MCCS HAWAII SEMPER FIT YOUTH SPORTS PROGRAMS**

IN CONSIDERATION OF _____, my minor child/ward (my child),
(Child Name)

being allowed to participate in any way in the MCCS Hawaii Semper Fit Youth Sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and
2. I willingly agree to comply with the program's stated customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention of the nearest official immediately; and.
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, myself, my spouse, my child, and on behalf of my/ our heirs, assigns, personal representatives and next of kin. HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent of law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Parent/Guardian Signature)

(Print Name)

Date Signed

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

(Parent/Guardian Signature)

(Print Name)

Date Signed



Parents' Code of Ethics



I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this PAYS 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 help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

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.

Parent Signature

Date

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