

DYESS YOUTH SPORTS PARTICIPATION FORM

Section I – Child’s Information

Name: _____

Last Name
First Name
Middle Initial

Date of Birth: _____ Age: _____ Gender: M F School: _____

MM/DD/YY

Sport/Activity: _____ Years of Experience: _____

Shirt Size: YS YM YL AS AM AL AXL Jersey Number: 1st Choice _____ 2nd Choice _____

Section II – Sponsor’s Information

Name: _____ Rank: _____

Last Name
First Name
Middle Initial

Squadron: _____ Primary Phone: _____ Duty Phone: _____

Spouse: _____ Rank: _____

Last Name
First Name
Middle Initial

Primary Phone: _____ Secondary Phone: _____

Mailing Address: _____

Street
City
State
ZIP

Primary Email: _____ Alt. Email: _____

Section III – Emergency Contact Information (other than parents)

Name: _____ Phone: _____

Last Name
First Name

Section IV – Parent/Legal Guardian

I, the parent or guardian of _____, give my approval for his/her participation in the above named sport or activity. I understand that I assume all risks involved in such participation. I hereby absolve and agree to hold harmless Dyess Youth Programs, sponsors, supervisors and other participants from liability for the loss or injury of my child as a result of participation in this activity. I further state that I am fully aware of the possible risks encountered by participation in Youth Sports. I understand that my child will be placed on the waiting list until I have attended the mandatory parent orientation.

Parent/Guardian Name (please print)
Signature
Date

PAYMENTS: All fees are due at the time of registration. If late registrations are accepted, a \$5.00 late fee will be assessed per registration. Instructional class fees must be paid by the first day of class, each month of participation. (_____) Initials

REFUND POLICY: Refunds are ONLY authorized for PCS or EMERGENCY medical reasons. (_____) Initials

IMAGE RELEASE: By initialing below, permission is granted for the image of the participant above to be displayed, used in printed materials and/or posted on social media sites to promote/publicize the youth sports program. (_____) Initials

NOTE: All youth sports coaches are volunteers. Same-team requests will only be honored for siblings. Requests for coaches are only honored if coach is a parent or guardian. Please note special request: _____

VOLUNTEERS NEEDED! I can volunteer or help in the following area(s):

- Coach
 Asst. Coach
 Referee/Umpire
 Scorekeeper
 Team Helper
 Snack Bar

FOR OFFICE USE ONLY:

Date Registered: _____ Amount: _____ Payment Type: CC CA CK PP Receipt #: _____

Date of Physical: _____ Birth Certificate: Y N N/A YP Member: Y N Staff Initials: _____



DYESS YOUTH SPORTS PLAYERS' CODE OF ETHICS



(Parents, discuss this with your child, print their full name, and have them sign at the bottom)

I hereby pledge to be positive about my youth sports experiences and accept responsibility for my participation by following this Players' Code of Ethics pledge:

- I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can, and will notify my coach if I cannot.
- I will expect to receive a fair and equal amount of playing time.
- I will do my very best to listen and learn from my coaches.
- I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
- I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun.
- I deserve to play in an environment that is free from drugs, tobacco and alcohol and expect adults to refrain from their use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will do my very best in school.
- I will remember that sports participation is an opportunity to learn and have fun.
- **If I choose not to abide by this Players' Code of Ethics, I will be removed from the activity for the rest of the day. If I continue to disregard the Players' Code of Ethics, I may be suspended from participating in the next activity, game or practice.**

Child's Name (Print)

Child's Signature

Date



DYESS 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 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 agree that if I fail to abide by the above mentioned code of ethics, I will be subject to disciplinary action that could include, but is not limited to, the following:
 - Verbal warning from the official, coach, staff, and/or the Youth Sports Director
 - Written warning
 - Parental game suspension with written documentation of incident kept on file

Parent/Guardian's Name (Print)

Signature

Date

Sports Physical Evaluation

NAME OF ATHLETE:		MALE:	FEMALE:
AGE:	D.O.B.:	PARENTS' NAME:	

1. Have you ever been told not to participate in any sport? a. Which Sport: b. When:	
2. Have you ever been unconscious or had lost of memory?	
3. Is there any history for loss of consciousness during exercise?	
4. Do you have a seizure disorder (epilepsy)?	
5. Have you ever had a serious injury?	
6. Do you have any allergies? a. Please specify i.e. hay fever, medication, etc.	
7. Do you take any medication on a regular basis?	
8. Do you have a diabetes?	
9. Are you immunizations current?	
10. Do you have asthma?	
11. Do you have recurring headaches or dizziness?	
12. Have you ever broken or dislocated a bone?	
13. Do you wear any dental appliances?	
14. Have you ever had a surgical operation?	
15. Are you under a physicians care for any reason?	
16. Parents/Guardians: do you consider the athlete to be in good health?	

Comments:

Signature: _____ Date: _____

ASSESSMENT:

Height:	Weight:	Blood Pressure:	Pulse:	Pupils:
Vision:	Hearing:	Breathing:	Heart Rhythm:	Murmur:
Muscular skeletal ROM:	Neck:	Shoulder:	Elbows:	
	Wrists:	Hands:	Back:	
	Hips:	Knees:	Ankles:	Feet:

Pain during ROM:

Immunizations are up to date and current:

I have reviewed the history and on the basis of the examination and medical history as furnished to me, it is **permissible / not permissible** for this student to participate in sports.

Physician's Signature

Date of Examination