

CCAC Winter Youth Basketball League Sign-Up Form

Child's Age as of Jan 1, 2017 _____

LAST NAME _____ FIRST NAME _____
MI _____

ADDRESS _____ CITY _____ ST _____
ZIP _____

HM PHONE _____
DOB _____

MEDICAL
CONDITIONS _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

EMERGENCY CONTACT NUMBER _____
CELL _____

PARENT INFORMATION

MOTHER _____ PHONE _____

FATHER _____ PHONE _____

HOME EMAIL ADDRESS _____

SCHOOL PLAYER
ATTENDS: _____

PROGRAM (Please Circle One): Kindergarten through 1st Grade

2nd Grade through 3rd Grade

4th Grade through 6th Grade

7th Grade through 8th Grade

SHIRT SIZE: YS YM YL AS AM AL AXL AXXL SHIRT # _____
2ND _____ 3RD _____

COST

\$60 per player _____ X \$60 =

TOTAL

- **** PAYMENTS ARE DUE AT THE TIME OF SIGN-UP
- **** PLAYERS WILL BE PLACED ON A TEAM AS NEEDED
- **** NO REFUNDS

For more information call the CCAC at 574-269-6663
PLEASE READ CAREFULLY AND SIGN BELOW

PLAYERS NAME _____ **DOB** _____

ALLERGIES/MEDICATIONS/CONDITIONS _____

FAMILY PHYSICIAN _____ **PHONE** _____

EMERGENCY AUTHORIZATION

I, the undersigned parent or legal guardian of the minor participant, hereby authorizes the coaches, assistant coaches or program supervisors as my agent to consent to emergency medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the emergency contact person.

PARENT OR GUARDIAN SIGNATURE _____ **DATE**

WAIVER OF LIABILITY/DISCLAIMER/PERMISSION

I, the parent or guardian of the above named participant, understand that this activity may involve some risk of injury. By signing below, I release the facility, the program Directors, Coaches and all associated with the program, from any and all claims arising from illness, injury, death or damages that may occur while participating in the softball program.

I attest that my child is physically capable of participating in this program.

I also authorize the use of my child's name and photograph in any legal promotion of this

program, including broadcasts, news releases, telecasts or written accounts while participating in this program.

PARENT OR GUARDIAN

SIGNATURE _____ **DATE** _____

FOR LEAGUE USE ONLY

COACH _____

TEAM NAME _____

CODE OF CONDUCT FOR PARENTS AND PARTICIPANTS

The following code of conduct has been developed by the City-County Athletic Complex.

The objective of this code of conduct is to promote learning and sportsmanship, along with a fun and safe environment for all of the participants, coaches, officials and spectators. The CCAC has adopted a “**zero tolerance**” policy for all programs at our family oriented facility.

The goal of our program is to teach each participant the rules and fundamentals of the game, while promoting sportsmanship, fun, safety and fair play. Game results are not judged by win or loss, but by the child’s development in the sport and life. In order to accomplish these goals, we are asking for your cooperation.

I hereby pledge to live up to my responsibilities as a parent by following the code of conduct as described below.

- **Show sportsmanship and respect for the opponents at all times.**
- **Show sportsmanship and respect for coaching staff, officials and spectators at all times.**
- **Learn the rules and be supportive of the program, officials and coaches.**
- **Exercise and maintain self-control at all times.**
- **Place the physical and emotional well being of the participants before wins.**
- **Treat all players, parents, coaches, officials and spectators with respect.**
- **Keep personal comments to yourself.**
- **Understand that loud, abusive and foul language will not be tolerated.**
- **Verbal and physical attacks will not be tolerated.**
- **The CCAC is an alcohol/drug free environment.**
- **Remember this program is for the entertainment of the children, and we as adults should be there for support.**
- **Trash talking, baiting, taunting will not be tolerated.**

- **There is a time and place for everything. We also realize that not everything is perfect. If you feel something is wrong, have a question or complaint, by all means we wish to hear from you. At the proper time contact the coach, an advisory member or the Park Director to address your concerns. We will assure you that you will receive a response to your inquiry.**

With my signature, I acknowledge that I have read, understand and accept the terms of this code of conduct. I understand that failure to comply with these rules could result in my removal from the park, and possibly the program.

Parent Name

Parent Signature

Date