

YABL REGISTRATION FORM

FOR GIRLS DIVISION



3rd/4th grade and 5th/6th and 7th grade

JANUARY - MARCH, 2014

DEADLINE TO REGISTER - January 31, 2014



PLEASE PRINT

CHILD'S NAME: _____

ADDRESS: _____

AGE: _____ DATE OF BIRTH: _____ GRADE: _____

HOME PHONE: _____ WORK PHONE: _____

FATHER'S NAME: _____ CELL PHONE: _____

MOTHER'S NAME: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE #: _____

FOR OFFICIAL USE

FEE: \$40.00

DIVISION: GIRLS: GRADES 3rd - 4th: _____ GRADES 5th - 6th - 7th: _____

AMOUNT PAID: \$ _____ PAYMENT TYPE: (check/cash) CK #: _____

CLERK SIGNATURE: _____ DATE: _____

ALL RECEIPTS MUST BE ATTACHED TO THIS FORM AND PARTICIPANTS NAME/NAMES

MUST BE ON RECEIPT (multiple children - make multiple receipts)

PARENT SIGNATURE: _____

RELEASE OF LIABILITY FORM

I, _____ do hereby agree to release, hold harmless, and give up any claim against the City of Las Vegas, its agents, employees, volunteers, and/or representatives. This includes any problems that may arise in the future, including damages on account of bodily injury or property damages arising in any manner out of participation in this recreation program.

I/we understand that the recreation department and the City of Las Vegas reserves the right to discontinue service at any time, to any participant/parent in the event that their behavior is one that is considered unsportsmanlike, inappropriate behavior, language, and actions as determined by recreation department staff.

I WILL ABIDE BY ALL RULES AND REGULATIONS, AND PARENTS CODE OF ETHICS.

I/we understand that should any injury occur during participation in this recreation program, the City of Las Vegas, its agents, employees, volunteers, and/or representatives will not be held responsible. I/we understand that by signing this form, all legal rights to hold the City of Las Vegas or its agents, representatives and staff responsible are waived.

If the participant has any **Special Needs**, or requires any special services, I/we shall inform the recreation department, in writing, of such Special Need or request of special services.

Parent/Guardian Signature

Date

Parents Code of Ethics

(PLEASE PRINT)

I, _____ hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this 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 events. I will refrain from negative comments, negative cheering and avoid creating a negative environment at practices and/or games.

I will place the emotional and physical well-being of my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will demand a drug and alcohol-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.

I will remember that the game is for children and 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 promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach, complete the requirements set forth by the recreation department and agrees to the youth sports Coaches' Code of Conduct.

Parent's Signature

Parent's Signature

Date

JERSEY ISSUE AND RETURN

I/we understand that should any equipment/uniforms issued be lost or damaged during the season or not returned at the conclusion of the season, I/we will be held responsible for full payment of JERSEY as follows: Jersey \$30.00

Parent/Guardian Signature: _____

EMERGENCY MEDICAL AUTHORIZATION FORM

PURPOSE: To enable parents/guardians to AUTHORIZE emergency treatment for children who become ill or injured while under the program authority when parents are not available, or cannot be contacted.

GRANTING CONSENT: I understand every effort will be made to contact me, however, in case of emergency involving my child where I cannot be reached, I hereby give my consent to transport my child to the following medical care providers, I give any reasonable and customary medical and health care of my child deemed necessary. In case the listed medical care providers cannot be reached, I authorize appropriate medical care for my child to the listed provider, hospital, and or medical facility. This authorization does not cover any major surgery unless one other doctor/dentist concurs. Nothing in this section shall be constructed to impose liability on any city official, city employee or volunteer whom in good faith, attempts to comply with this section.

It is understood that I will be financially responsible for all emergency care.

Medical insurance provider _____ Group #: _____ Policy#: _____

Primary physician _____ Phone #: _____

Primary dentist _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

REFUND POLICY

I will abide by the current Abe Montoya Recreation Center refund policy for sports programs. Amount of refund will depend on the refund policy guidelines A11-194; 100% refund prior to issuing equipment and/or uniforms, 50% refund will be given within the first 10 days of the program beginning the day equipment/uniforms are issued (excluding weekends/holidays).

A letter explaining reason for refund and refund authorization request form must be filled out and submitted to Recreation office.

Parent/Guardian Signature: _____

MEDICAL HISTORY

FACTS CONCERNING CHILD'S MEDICAL HISTORY THAT MAY NOT BE INCLUDED IN PHYSICAL. All information obtained is considered confidential, except to medical provider and/or coach if need to know is required.

A SPORTS PHYSICAL IS REQUIRED TO PLAY THIS SPORT

_____ ASTHMA _____ INHALER

_____ TETANUS (DATE)

_____ DIABETES

_____ MUSCULAR WEAKNESS

_____ HEART PROBLEMS

_____ SEIZURES

_____ BLEEDING DISORDERS

_____ EAR PROBLEMS

_____ EMOTIONAL PROBLEMS

_____ INFECTIOUS DISEASES

_____ MENINGITIS

_____ ALLERGIES (TYPE)

_____ HEPATITIS

_____ HIGH BLOOD PRESSURE

Hospitalized for any serious illness, surgery, or accidents that would affect playing in sports program? Please explain:

_____ USE OF CONTACT LENSES

_____ LONG TERM MEDICATION (LIST):

Please add any additional information you wish staff, and coaches to know about your child:

Parent/Guardian Signature: _____

**ABE MONTOYA RECREATION DEPARTMENT
YOUTH SPORTS PROGRAMS PHYSICAL FORM**

NAME: _____ **AGE:** _____

SPORTS PROGRAM: _____ **GRADE:** _____

HEAD: _____ **CHEST:** _____ **HEART:** _____

ABDOMEN: _____ **EXTREMITIES:** _____

WEIGHT: _____ **HEIGHT:** _____

BLOOD PRESSURE: _____ **VISION:** _____

PHYSICIANS NAME: _____

PHYSICIANS SIGNATURE: _____

DATE: _____

PARENTS NAME: _____

PARENTS SIGNATURE: _____

DATE: _____