



**KIRTLAND YOUTH  
ASSOCIATION, INC.**  
**Pee Wee Basketball Program  
Registration Form**  
**20\_\_**

**Registration Fee: \$40.00 (Check or Money Order Only)**

Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F Adult T-shirt Size: \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL

*Please Print Clearly or Type*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Phone Number #1: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

**Emergency Contact Information**

List two emergency contacts other than those listed above:

Name	Relationship	Home#	Work #
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Name	Relationship	Home#	Work#
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Do you have health insurance: \_\_\_ Yes \_\_\_ No Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Family Physician or Clinical Provider: \_\_\_\_\_

My child is presently under the following medical treatment or taking the following medication(s):

\_\_\_\_\_

My child is presently allergic to the following medication(s):

Presently wear glasses: \_\_\_\_ Yes \_\_\_\_ No

Presently wear contact lenses: \_\_\_\_ Yes \_\_\_\_ No

Describe any other physical limitations or problems that should be known by the coach(s) or emergency medical personnel (e.g. hearing problems, hemophilia, diabetes, arthritis, etc.)

### Emergency Medical Release

If emergency medical care is deemed necessary and I cannot be reached, I authorize the Kirtland Youth Association, Inc. to act on my behalf in granting permission for my child to receive emergency medical treatment.

Date: \_\_\_\_\_

Signature of Parent/Guardian

**THERE ARE NO REFUNDS ON REGISTRATION FEES AFTER THE PROGRAM BEGINS. YOUR REGISTRATION FEE WILL BE CONSIDERED AS A DONATION.**

### PLAYER'S CODE OF ETHICS

Please read carefully:

- I will attend every practice and game that is reasonably possible for me to attend and call the coach if I cannot attend.
- I will pay attention to the coach and not waste time by behaving poorly during practice. I will do my very best to listen and learn from my coaches.
- I will show respect for my coach, my teammates and my opponents at every game and practice and will encourage good sportsmanship among my fellow players, coaches, parents, and officials.
- I will respect the decisions of the referee and demonstrate good sportsmanship.
- I will be a good sport, regardless of whether my team wins or loses.
- I will expect to receive a fair amount of playing time.
- I deserve to have fun during my sports experience and will tell parents and coaches if it stops being fun.
- I will do my very best in school.
- I will remember that sports are an opportunity to learn and have fun.

Player's Name

Player's Signature

Date: \_\_\_\_\_

