



**KIRTLAND YOUTH
ASSOCIATION, INC.**
**Spring Volleyball 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: _____

Physical Address: _____

Parent(s)/Guardian: _____

Emergency Contact Information

List two emergency contacts other than those listed above:

| Name | Relationship | Home# | Work # |
|------|--------------|-------|--------|
| | | | |
| | | | |

| Name | Relationship | Home# | Work# |
|------|--------------|-------|-------|
| | | | |

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: _____

PARENT'S CODE OF ETHICS

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 or other sports event.
- 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, alcohol, and tobacco-free sports environment for my child and agree to assist by refraining from their use at all 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.

| | | |
|----------------------|-----------|-------------|
| Parent/Guardian Name | Signature | Date: _____ |
|----------------------|-----------|-------------|

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|----------------------|-----------|-------------|
| Parent/Guardian Name | Signature | Date: _____ |
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