

Office Use Only

Accepted by: _____

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PARKS & RECREATION

ALL SPORTS SIGN UP FORM

1. Circle which sport your child is participating in:

Flag Football Volleyball Basketball Soccer T-Ball Coach Pitch Baseball Softball

2. Circle which grade your child is in:

Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th

3. Date of Birth: _____

4. Gender: _____

5. Does your child attend Perkins Schools? _____

6. I, as a parent or guardian, am willing to: (circle one)

Coach a Team Be an Assistant Coach Be a Team Parent (keep score, etc.)

7. Please indicate **PLAYER** T-Shirt size. Player's # (not guaranteed): _____

Adult Sizes: S M L XL

Youth Sizes: S M L

Player's Name: _____

Parents / Guardian's Name: _____

Phone: _____

Text Message: Yes NO

E-Mail: _____

Medical conditions coach must know about: _____

PARENTAL INSTRUCTIONS CONCERNING MEDICAL TREATMENT

Child's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Grade: _____

Address: _____

Telephone: _____ (home) _____ (work)

Please indicate **another person to contact in the event of an accident** and we are unable to reach you.

Name: _____ Telephone: _____

Insurance Company: _____ Policy Number: _____

Insured Name: _____

Family Physician: _____ Telephone: _____

Is your child presently on medication? (Circle one) YES NO

If yes, please list medication(s): _____

Any drug sensitivities or allergies? (Please list) _____

PLEASE READ THE FOLLOWING TWO STATEMENTS BELOW AND SIGN UNDER THE ONE YOU CHOOSE. DO NOT SIGN MORE THAN ONE.

* If my child needs medical attention while participating, it is my wish that I be contacted before any medical procedures are done on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury. I accept responsibility for all costs related to such treatment.

Signature of Parent / Guardian _____ Date _____

* If my child needs medical attention while participating, it is my wish that the treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physicians believe are needed on the understanding that efforts will continue to be made to contact me. I accept responsibility for all costs related to such treatment.

Signature of Parent / Guardian _____ Date _____

----- WAIVER -----

My child _____, is playing on the team with my knowledge and consent and I will not hold the City of Perkins, the Perkins Parks and Recreation Department, league officers, coaches, umpires, or anyone responsible for any injuries sustained or accidents that my occur.

Signature of Parent / Guardian: _____ Date: _____

PERKINS PARKS AND RECREATION

PARENT / GUARDIAN CODE OF CONDUCT

The goal of the Perkins Parks and Recreation Department is to provide a positive environment for players, coaches, parents, and fans. In this environment, our youth can learn the game of football, basketball, soccer, etc., as well as grow emotionally, mentally, socially, and physically. In order to achieve these goals, we **MUST ALL WORK TOGETHER!**

I, _____, as well as my guests, agree:

(Print name of parent / guardian)

1. I **will not criticize** the **game officials** openly or directly before, during or after the game.
2. I will cheer at all games within the spirit of fair play, and do my best to cheer the effort regardless of the score.
3. I will **refrain** from coaching my child or other players during games and practices.
4. I will not encourage any behavior or activities that would endanger the health or wellbeing of my child or any other child.
5. I will reinforce the concept that **doing one's best** is more important than winning.
6. I will **not openly confront coaches** during practices or games. Concern should be addressed at appropriate times.
7. I will promote the emotional and physical well-being of my child ahead of any personal desires I may have for my child to win.
8. I will be a **positive role model** for my child and **encourage sportsmanship by showing respect and courtesy**, and by demonstrating positive support for all players, coaches, officials, and spectators at every game and practice, regardless of race, sex, or ability.
9. I will **support the "team" concept** and acknowledge that my child will play in a position that will best suit the team.
10. I will **not engage in any unsportsmanlike activities** including booing, taunting, or use of profane language or gestures.
11. I acknowledge that playing time is based on attendance, attitude, and performance.
12. I understand that improper behavior at a practice or a game may result in being asked to leave the premises by a game official, coach, board member, Parks and Rec. employee, or by the Parks and Recreation Director.

13. I understand that upon review of alleged improper behavior, the Perkins Parks and Recreation Board may suspend my individual privilege (or my guest's) to attend practices or games.
14. I understand a suspension will result in a minimum of 30 days from any Perkins Parks and Recreation sponsored event.

I understand that by signing this form, I agree to act in accordance with the guidelines listed herein, and acknowledge that my child will not be allowed to play if I do not sign this form in agreement of these guidelines. I also agree to abide by any rulings made by the Board in regards to my behavior.

Player's Name: _____

Parent / Guardian's Name: _____

Parents / Guardian's Signature: _____

PERMISSION TO PHOTOGRAPH

I, _____ am the parent or legal guardian of _____, and I am over 18 years of age.

I understand that the City of Perkins and/or the Perkins Parks and Recreation Department, may photograph the events or activity in which I am (or my child is) participating. I give my permission for the City to use photographs of me (or my child) for the purposes of promoting the City of Perkins and its services / programs. I give my permission with the following understanding: No Compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.

Permission is not required to take part in city events

Signature: _____ Date: _____

Address: _____

City, State, Zip: _____ Phone: _____