

Westport Youth Commission Registration 2015-2016 Season

Player Information (please print legibly)

Grade _____

male

female

Legal Name (Last, First MI) must match birth certificate

Date of Birth

Age

**Address /
Zip Code**

Town/

**Parent/Guardian
Phone**

Home Phone

Cell Phone

Work

**Email Address
Number**

Emergency Contact (other than parent/guardian)

Phone

Physical Examination Waiver

I, the Parent/Guardian of this child, believe to the best of my knowledge that he/she can withstand the rigors of activity for the 2013-2014 season. I, the Parent/guardian, believe there is nothing physically or emotionally wrong with my child that would interfere with his/her participation in sport activities offered through the WYC. I, the guardian hereby give my approval for my child to participate in the upcoming 2013-2014 season without a physical examination. I understand that it is my responsibility to provide any applicable updates/changes to the health of my child to the WYC.

X

Parent/Guardian Signature

Date

Parent/Guardian Understanding

Please initial next to each activity to indicate permission for participation in the activity during the 2013-2014 season:

_____ Soccer _____ Dance _____ Basketball _____ Hiking _____ Baseball
Initial **Initial** **Initial** **Initial** **Initial**

_____ Down Hill Ski Program **please sign below to indicate transportation permission*

Initial

I hereby authorize the Westport Youth Commission to transport my child to and from the Youth Commission Downhill Ski Program trips.

X

Parent/Guardian Signature

Date

Athletic Code of Conduct: I/we have read, understand and agree to adhere to the Athletic Code of Conduct provided to me/us by the Westport Youth Commission (WYC). _____ **(initial)** _____ **(player signature)**

Parental Medical Treatment Authorization: In the event of injury to my child, I hereby grant authority to the WYC staff or volunteer coach to seek appropriate medical attention. By signature below, I authorize any licensed physician or medical professional under supervision of a licensed physician, to secure appropriate treatment and or perform the procedure which in his/her opinion is necessary in light of the condition in the above named child. _____ **(initial)**

Equipment Liability: The Parent(s)/Guardian(s) are responsible for returning all equipment/jersey, clean and in good condition to the WYC immediately after the program that is currently in operation is completed. I understand that failure to return the equipment/jersey in the condition stated above at the completion of the currently running program will result in a \$20 fee payable to Westport Youth Commission. _____ **(initial)**

Photo release: I understand and agree that any photographs taken during a WYC sponsored activity may be used at the discretion of WYC for promotional purposes. _____ **(initial)**

Waiver: I, the parent/guardian of the above named child, hereby give my approval to his/her participation in any and all Westport Youth Commission activities during the current season. I understand that these activities may result in serious injury and/or permanent disability. In consideration of my child being allowed to participate, I assume all risks and hazards incidental to such participation known and unknown including transportation to and from such activities, and I do hereby waive, release, absolve, indemnity and agree to hold harmless Westport Youth Commission, the Westport Town Board, participants, volunteers and persons transporting my child to and from activities for any claim arising out of negligence or injury to my child to the fullest extent permitted by law.

I have read, understand and agree to everything on this form. **X** _____

Westport Youth Commission Health Assessment 2015-2016 Season

Player Information (please print legibly)
female

male

Legal Name (Last, First MI) must match birth certificate

Date of Birth

Age

Address /
Zip Code

Town/

Parent/Guardian
Phone

Home Phone

Cell Phone

Work

Email Address
Number

Emergency Contact (other than parent/guardian)

Phone

Primary Care Physician
number _____

Phone

Please do not leave questions blank

Any Allergies to any Medications?

Any allergy to food (if so, what kind of reaction)?

Any allergy to other (ie. bees) (if so what kind of reaction)?

Immunizations Up to Date? YES NO last tetanus booster date

Does your child take any medications? If so, please list them:

Any medical condition the Youth Commission staff/volunteers should be aware of in case of a medical emergency or that would affect his/her

participation in a sport? (*circle one*) None OR See below

Official Authorization Follows:

I(parent/legal guardian) of the above named child recognize while participating in this recreation program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that the WYC may be unable to contact me for my consent for emergency care. I do hereby consent in advance to such emergency care, including hospital care as deemed necessary under the circumstances and assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

I understand that the information contained in this form shall be privy to Youth Commission staff and volunteers and understand that this information is available off hours in the event of an emergency.

Parental/Guardian Signature

Date

Westport Youth Commission Coach/Staff Checklist 2015-2016 Season

Athletic Code of Conduct

Attendance

Health Form

Procedure for Medical Emergency

Game Cancellation Policy

Practice CXL policy

Equipment Policy

Uniform Policy

End of Season Inventory and Summary

Accident reports

Incident Report

Confidentiality Policy

Coaching Guideline

Volunteer form

Student P/U

Familiarity with Facility Rules/Guidelines

Mission Statement

Suggested drills (age appropriate)