

ATHLETE REGISTRATION FORM

Please Print All Information Clearly

Child's Name: _____ Age:(Date of birth) _____
Address: _____ Parents E-mail Address: _____
City/State: _____ Cell Phone: _____
Zip Code: _____ Work Phone: _____
Mother's name: _____ Father's name: _____

Emergency Contact Information

Name	Phone Number	Relation to athlete
_____	_____	_____

Allergies	Medical conditions	Shirt size
_____	_____	_____

Check Program Preference & Level

Mini Soccer	<input type="checkbox"/>	U-10 Soccer	<input type="checkbox"/>	Flag Football	<input type="checkbox"/>	Basketball	<input type="checkbox"/>
U-6 Soccer	<input type="checkbox"/>	U-12 Soccer	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Baseball	<input type="checkbox"/>
U-8 Soccer	<input type="checkbox"/>	U-15 Soccer	<input type="checkbox"/>	Cheer	<input type="checkbox"/>	Softball	<input type="checkbox"/>
Coach Pitch	<input type="checkbox"/>	T-Ball	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	Track	<input type="checkbox"/>

School Attending

Level: _____ Date Started: _____

Are you interested in coaching your child's team, either as assistant or head coach? Yes No

Athlete Playing Experience:

Organization	Team	Position	From Date to Date
_____	_____	_____	_____
_____	_____	_____	_____

Preferences (coach, team)? _____ Reason: _____

****Please be aware that this not a guaranteed placement.**** _____ (Please Initial)

Medical Guidance

Name and address of desired medical facility	Phone
_____	_____
Medical Provider's name	Phone
_____	_____

Authorization:

Will you allow WSR Youth Sports, its partners, volunteers, coaches and staff to seek medical aid and or advice from the afore mentioned medical provider? Will you also allow WSR Youth Sports, it's partners, volunteers, coaches, and staff to seek secondary medical treatment of choice and at your cost if desired medical team/staff is not available at the time of the incident?

Yes No

Signature _____ Date _____



Athlete Code of Conduct

RESPONSIBILITIES AND EXPECTATIONS

Participation in youth sports programs can have a lasting and meaningful effect on children's lives. Therefore, it is the goal of WSR Youth Sports to provide the highest quality of athletic programs to ensure that a child's experience with sport is a positive one. It takes the cooperation of everyone involved, including the participant, to make this happen. Therefore, WSR Youth Sports has established the following responsibilities for participants to adhere to:

- Players will listen to their coaches and be respectful of their elders.
- Players will take care of the facilities, equipment, and uniforms, which they are given.
- Players will make sure to eat the right foods and drink plenty of water before and after practices and games.
- Players will avoid all types of taunting and belittling remarks to their teammates or opponents.
- Players will always show good sportsmanship, win or lose.
- Players will not play sports a priority over schoolwork or family.
- Players will refrain from horseplay and all other dangerous activities, in which they may become hurt.
- Players will participate for the love of the game and competition and not to win at all costs.

PLAYERS CODE OF CONDUCT

I hereby pledge to be positive about my youth sports experience responsibility for my participation by following this Player's Code of Ethics Pledge:

- I will encourage good sportsmanship from fellow players, coaches, officials, and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can and will notify my coach if I cannot.
- I will expect to receive fair and equal amount of playing time.
- I will do my very best to listen and learn from my coaches.
- I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
- I will deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun!
- I deserve to play in an environment that is free of drugs, tobacco, and alcohol and expect adults to refrain from their use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it's important to me.
- I will do my very best in school.
- I will remember that sports are an opportunity to learn and have fun.



CORRECTIVE ACTION POLICY

Players who fail to adhere to the Code of Conduct or do not live up to their responsibilities or expectations will be subject to disciplinary action. WSR Youth Sports does not want a problem child to spoil the experience of youth sports for the other children in the programs. Therefore, WSR Youth Sports program has instituted a Corrective Action Policy to establish appropriate consequences for inappropriate behavior.

The Corrective Action Policy is a guide to assist coaches and WSR Youth Sports run a quality program. The Corrective Action Policy is a 4-step system designed to forgive a mistake but to firmly address chronic misbehavior.

For violations of the Code of Conduct or Expectations, these steps will be followed:

Step 1 – Verbal Warning Coach will discuss undesirable conduct with player and parents and stress that this behavior will not be tolerated.

Step 2 – Period Suspension Coach will bench the offending player for 1 period during a game when he/she should be playing. Coach will inform the Program Director of the problem and why the child is sitting out 1 game period.

Step 3 – Game Suspension Coach will bench the offending player for 1 entire game when he/she should be playing. Coach will inform Program Director of the 3rd offense, at which time the player and the parent(s) must attend a meeting with the Coach and the Program Director before the player can resume playing. The player will be warned that the next offense will result in his/her expulsion from the league.

Step 4 – League Expulsion The participant on the 4th offense will be expelled from the league and no refund will be given. The parent will then have to make a formal request to be re-instated into this league. The child and parent(s) will then have to meet with the Program Director prior to the start of the season to determine if the child can play within the guidelines of this program.

These guidelines are not absolute in dealing with behavioral problems. Severe situations could merit harsher sanctions against participant.

Athlete Name: _____ Parent/Guardian Signature: _____ Date: _____



WSR Youth Sports Parent Code of Conduct

1. Parents understand they will not criticize coaches, players, officials, spectators, town representatives, or program staff in front of other spectators in the stands, but reserve constructive criticism in private. Parents understand that there is a reporting process for grievances or complaints and they must be made in person to the Program Directors at the site in which the incident, grievance, or complaint transpired.

a. Parents understand that they must file an accident/incident report form within twenty-four (24) hours of said event providing the following

b. To properly file a grievance, parents must provide in writing

i. Names of the parties involved.

ii. Location and level of game.

iii. Date and time.

iiii. Detailed description of incident.

iiiii. Provide witnesses and their statements if applicable.

2. Parents understand that at no time during an event they may use profane or indecent means to communicate any verbal or non-verbal gesture that could be construed as racist, sexist, religious in nature, or abusive in nature.

3. Parents understand and accept that Officials on the field are paid representatives of the location in which games are played. It is the Official's responsibility to provide a safe and fair game for our athletes and may make judgment calls for safety, the pace, format, and structures of the game while they adhered to the rules of the game as prescribed by the Program Directors and Governing Bodies of the league. Parents may reserve the right to disagree with a call made by Officials but may not approach, harass, or argue with the Officials while on the field or after the game has concluded. This will be construed as dissention and the appropriate action will be taken.

a. **Dissention- a disagreement, or difference of opinion.**

a. If there is a grievance with a call or decision that an official has made, or if the parent feels that the official has abused his/her position, the parent must file a report with the local Program Director within twenty-for-hours (24) of the conclusion of the game.

4. Parents understand that they will not criticize an opposing team, its players, coaches, or Officials either away or home. Parents understand that regardless of location they are ambassadors of their youth sports programs and the cities of Waynesville, Saint Robert, and Fort Leonard Wood and are expected to conduct themselves in such a way that reflects in an exemplary manner.

5. Parents will abstain from any drug or alcohol consumption at, during, in route to, and in route from all WSR and CYS functions.

6. Parents may not interrupt games or interfere with coaches or staff and will not be allowed on the field of play during all games at every location.

Athlete's Name: _____ Date of Birth: _____



7. Parents understand that their athletes will be required to attend all practices and events unless otherwise agreed upon with their coach. If your child(ren) do not attend practices they may not play more than the final quarter, period, or inning of the following game.

8. Parents will place the emotional and physical well-being of their athlete above the concept of winning.

9. Parents will understand that due to injury and concussion protocol if their athlete sustains a suspected injury to their face, neck, and head their athlete will be removed from the game and must seek medical advice from their doctor. Parents will also understand that their athlete will not be able to participate in practices or games until your assigned Youth Sports representative physically sees documented proof that your child has not sustained an injury to the fore mentioned areas.

a. *Concussion protocol*

i. In the event of a suspected injury to the face, neck, back, or head it is the Official's discretion on how long the athlete will be removed from the game not the coaches or the parents.

ii. *Minor injuries* may limit your child's ability to play or to finish the game. If a suspected injury occurs the athlete must be removed from the game and must be monitored for no less than twenty (20) minutes. This is for the safety of the athlete. If the athlete's condition does not improve, it is the responsibility of the parents to pursue medical advice on behalf of their children for a non-serious incident.

iii. If the athlete loses consciousness, hearing, vision, feeling of extremities, complains of a headache, or is disoriented in any way, the athlete must be removed from the game site and will be transported to their parent's hospital of choice for further observation and treatment.

iiii. If the athlete is removed from the game and is suspected of a concussion or other injuries the Official must call an administrative time-out to remove the child from the field if he/she is able to be moved without causing more pain and or injury to the child. If the athlete can not be removed from the field the Official must clear the field of play to safeguard the athlete. In this circumstance, parents and Officials will be the only parties to stay on the field with the injured player. **Coach's WILL take their children to a minimum safe distance of the incident to minimize stress and confusion.**

a. Official stops game.

b. Official assess injury.

c. Official removes player or clears field as applicable.

d. Official seeks medical attention for injured party. If you are unsure, use caution and call an ambulance for the injured party.

e. Official continues game after incident is resolved.

f. Official files an Accident/Incident report with the responsible Program Director with twenty-four-hours (24.)

Athlete's Name: _____ Date of Birth: _____



Violation Parameters:

Parents will understand that any violation of this code of conduct will result in the following:

Violation 1: Private consultation with coach and assigned Youth Sports Director. This shall be treated as your one and only warning. In this case you may not receive a refund.

Violation 2: Forfeiture of the game in progress. In this case you will not receive a refund.

Violation 3: Removal of all rights and privileges assigned or operated by WSR and CYS Youth Sports for no less than 1 calendar year from the date of violation. In this case you will not receive a refund.

I have read and understand these rules and regulations and will adhere to them. I also understand that if I violate these rules that I will be subject to action based on WSR and CYS Youth Sport's violation parameters and may be asked to not participate and will not receive a refund of any kind.

Print Name

Parents Signature

Date

Athlete's Name: _____ Date of Birth: _____



WSR YOUTH SPORTS
WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

I hereby voluntarily permit my child _____ to participate in the
(Please Print Child's Name)
WSR Youth Sports activities/functions.

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE.

Initial Here

As consideration for being permitted by the WSR Youth Sports to participate in this activity, I hereby release and hold harmless The WSR Youth Sports and its affiliated cities Waynesville, Saint Robert, and Fort Leonard Wood Missouri , volunteers, designated coaches, and program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold The WSR Youth Sports program (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur because of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to WSR Youth Sports and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to WSR Youth Sports and Volunteers to disclose the information contained on the Emergency Medical Card to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur because of such treatment.

WSR Youth Sports does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. The WSR Youth Sports program does provide insurance on a case by case basis for athletes only. Our insurance(s) do not cover parents, relatives, siblings, and or personal property.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE WSR YOUTH SPORTS PROGRAM AND SIGN IT OF MY OWN FREE WILL.

Parents Signature

Date

Athlete's Name: _____ Date of Birth: _____



PHOTO RELEASE FORM FOR MINORS (IF UNDER 18)

The WSR Youth Sports Program has my permission to use my or my child's photograph publicly to promote the WSR Youth Sports program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me because of such use.

Parent/Guardian's signature: _____ Date _____

Parent/Guardian's Name: _____

Child's Name: _____

Phone Number: _____

PHOTO RELEASE FORM FOR ADULTS

The WSR Youth Sports Program has my permission to use my photograph publicly to promote the WSR Youth Sports program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me because of such use.

Signature: _____ Date _____

Name: _____

Phone Number: _____