

# ATHLETE REGISTRATION FORM

WSR Youth Sports  
100 Tremont Center  
Waynesville, MO 65583

## 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"/>		

## School Attending

Level: \_\_\_\_\_ Date Started: \_\_\_\_\_

## Parents Coaching Experience:

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

## Athlete Playing Experience:

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

## 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 \_\_\_\_\_



## **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 payed 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.

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.)



**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 Sports's violation parameters and may be asked to not participate and will not receive a refund of any kind.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

**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

# PHOTO RELEASE FORM FOR MINORS (IF UNDER 18)

The WSR Youth Sports Program has my permission to use my or my child's photograph publically 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 publically 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: \_\_\_\_\_