

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
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

WSR Youth Sports Parent Code of Conduct

WSR Youth Sports will not tolerate verbal abuse or disruptive behavior of its Volunteer Coaches, Parents, Participants, Fans, or Spectators.

1. Parents understand they will not criticize coaches/players or cheerleaders in front of other spectators in the stands, but reserve constructive criticism in private.

Parents may not 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.

2. Accept all decisions of the games officials, referees, and coaches on the field as being fair and called to the best ability of said officials. Parents may not 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 that they will not criticize an opposing team, its players, coaches, or referees either away or home.

Parents may not 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.

4. Parents understand that they will not use any physical or verbal abuse or profane language or gestures at any time during a WSR function.

5. Parents will abstain from any drug or alcohol consumption at, during, in route to, and in route from all WSR 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 all complaints about games, coaching strategies, and WSR operating procedures will not be addressed during games and may only be addressed to the WSR Director in a timely manner. Parents can be assured that all grievances will be handled quickly and fairly.

8. Parents understand that their athletes will be required to attend all practices and events unless otherwise specified to their respected coaches and approved by WSR staff. Parents also understand that not meeting these requirements will cause their athlete to not play in the following game as a matter of fairness to their athlete's team mates and the structure of the team as a whole.

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

10. Parents will understand that due to 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 a WSR Youth Sports representative physically sees documented proof that your child has not sustained an injury to the fore mentioned areas.

Violation

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

Violation 1: Private consultation with coach and WSR Youth Sports representative. 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 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 Youth Sports violation parameters and may be asked to not participate and will not receive a refund of any kind.

Parent signature _____

Date: _____