

CK # _____

CASH _____

**SUWANNEE VALLEY LEAGUES INC.
YOUTH REGISTRATION FORM
BASKETBALL**

PLAYER'S NAME : _____ MALE : _____ FEMALE : _____

PHYSICAL ADDRESS: _____

HOME PHONE # : _____ CELL # : _____ WORK : _____

E-MAIL ADDRESS : _____

PLAYER'S D.O.B. : _____ RECEIPT OF COPY OF BIRTH CERTIFICATE : YES _____ NO _____

SHIRT SIZE : YXS _____ YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____ AXXL _____

WAIST SIZE : YXS _____ YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ AXL _____ AXXL _____

A UNIFORM WILL NOT BE PURCHASED UNTIL SIGN-UP FEE HAS BEEN PAID AND BIRTH CERT. RECEIVED

WILL YOU FIND A SPONSOR FOR YOUR TEAM (\$300.00)? YES _____ NO _____

WILL YOU COACH YOUR CHILD'S TEAM? HEAD COACH _____ ASS'T COACH _____ SHIRT SIZE: _____

PRESS RELEASE AUTHORIZATION : BY MY SIGNATURE BELOW, I AM THE LEGAL PARENT / GUARDIAN OF THE PLAYER NAMED AT THE TOP OF THIS FORM. I AUTHORIZE HIS / HER NAME AND OR PHOTO TO BE PUBLISHED IN THE MEDIA AS DEEMED APPROPRIATE BY THE S.V.L. INC. BOARD MEMBERS.

MEDICAL TREATMENT INFORMATION :

BY MY SIGNATURE BELOW, I AM THE LEGAL PARENT / GUARDIAN OF THE PLAYER NAMED AT THE TOP OF THIS FORM. I TAKE RESPONSIBILITY FOR THE CLAIMS HERETOFORE OR HEREAFTER ARISING KNOWN OR UNKNOWN, FROM THE PLAYER'S PARTICIPATION IN THE PROGRAMS OF S.V.L. INC. / G.C.R.A. INC. I KNOWINGLY, VOLUNTARILY AND EXPRESSLY RELEASE THE VOLUNTEERS CONDUCTING THE PROGRAMS AND S.V.L. INC. / G.C.R.A. INC. FROM ALL LIABILITY ON CLAIMS ARISING ON SUCH MATTERS. I FURTHER AUTHORIZE ANY PHYSICIAN, HOSPITAL, OR DENTIST TO PROVIDE ANY EXAMINATION AND / OR TREATMENT FOR THE ABOVE NAMED PLAYER. I WILL BE RESPONSIBLE FOR ALL THE REASONABLE EXPENSES INCURRED FOR SUCH TREATMENT OR MEDICAL CARE BEYOND THE INSURANCE PROVIDED BY S.V.L. INC. / G.C.R.A. INC.

MEDICAL CONDITIONS OR ALLERGIES: _____

PHYSICIAN : _____ PHONE # : _____

MEDICAL INSURANCE COMPANY'S NAME : _____

PROVIDER'S ADDRESS : _____

POLICY # : _____ EXPIRATION DATE : _____

PARENT / GUARDIAN NAME PRINTED : _____

PARENT / GUARDIAN SIGNATURE : _____ DATE : _____

**(OVER)
PARENTS' / GUARDIANS' CODE OF ETHICS MUST BE SIGNED**

PARENTS'/ GUARDIANS' CODE OF ETHICS

I HEREBY PLEDGE TO PROVIDE POSITIVE SUPPORT, CARE AND ENCOURAGEMENT FOR ALL CHILDREN PARTICIPATING IN YOUTH SPORTS BY FOLLOWING THIS CODE OF ETHICS.

I WILL ENCOURAGE GOOD SPORTSMANSHIP BY DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES AND OFFICIALS AT EVERY GAME, PRACTICE OR YOUTH SPORTING EVENT.

I WILL PLACE THE EMOTIONAL AND PHYSICAL WELL-BEING OF ALL CHILDREN AHEAD OF ANY PERSONAL DESIRE TO WIN.

I WILL INSIST THAT MY CHILD PLAY IN A SAFE AND HEALTHY ENVIRONMENT.

I WILL PROVIDE SUPPORT FOR COACHES AND OFFICIALS WORKING WITH MY CHILD TO PROVIDE A POSITIVE, ENJOYABLE EXPERIENCE FOR ALL.

I WILL DEMAND A DRUG, ALCOHOL, TOBACCO AND PROFANITY "FREE" SPORTS ENVIRONMENT FOR MY CHILD AND AGREE TO ASSIST BY REFRAINING FROM THEIR USE AT ALL YOUTH SPORTING EVENTS.

I WILL REMEMBER THAT THE GAME IS FOR CHILDREN AND NOT FOR ADULTS.

I WILL DO MY VERY BEST TO MAKE YOUTH SPORTS FUN FOR ALL CHILDREN.

I WILL ASK MY CHILD TO TREAT OTHER PLAYERS, COACHES, FANS AND OFFICIALS WITH RESPECT REGARDLESS OF RACE, SEX, CREED OR ABILITY.

I WILL PROMISE TO HELP MY CHILD ENJOY THE YOUTH SPORTS EXPERIENCE WITHIN MY PERSONAL CONSTRAINTS BY ASSISTING WITH COACHING, BEING A RESPECTFUL FAN, PROVIDING TRANSPORTATION OR WHATEVER I AM CAPABLE OF DOING.

PARENT'S/ GUARDIAN'S SIGNATURE

DATE

PARENT'S/ GUARDIAN'S SIGNATURE

DATE

**REMEMBER : YOUR SUPPORT OF S.V.L. SUPPORTS YOUR CHILDREN.
TOGETHER, WE'LL MAKE ALL OF OUR CHILDREN BETTER.**