

Athletic Association of Harrah

Registration for Baseball & Softball Spring 2017 League

CHILDS NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

GENDER: \_\_\_\_\_ PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, ST., ZIP: \_\_\_\_\_

PHONE #1 (TEXTING): \_\_\_\_\_ PHONE #2: \_\_\_\_\_

EMERGENCY CONTACT & PHONE NUMBER: \_\_\_\_\_

COACH REQUESTED: \_\_\_\_\_ SPECIAL REQUEST: \_\_\_\_\_

WOULD YOU BE WILLING TO COACH: (YES) (NO) WHICH POSITION: (HEAD) (ASST.)

WOULD YOU BE WILLING TO BE A TEAM MOM: (YES) (NO)

A separate form must be completed for each child and a birth certificate must be provided for each child as well.

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this parent's code of conduct.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game practice or other youth sports event.

I will place the emotional and physical wellbeing of my child ahead of my personal desire to win.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coaches uphold the Coaches Code of conduct.

I will support the coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from the use at all youth sports events.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respective fan, assisting with coaching or providing transportation.

I promise to make a commitment to volunteer and assist my system when asked, making time whenever I can.

\*\*All board members are volunteers and positions are open to election every year. Please consider volunteering for one of these positions as well.

**Fees: Cost is \$45.00 per child and no refunds will be issued. Initials \_\_\_\_\_**

Authorization: I agree that the Harrah School District, AAH, coaches' employees or volunteers are not liable for any injury to the player while participating in baseball/softball games. I further agree that the above mentioned are released from any claim and/or damages made by or arising out of this activity.

\*\*\*\*\*NO REFUNDS\*\*\*\*\*

Parents/Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

**TO BE COMPLETED BY A BOARD MEMBER ONLY**

PAID BY: (CASH) (CHECK) #

AMOUNT: \_\_\_\_\_

BIRTH CERT. (YES) (NO)

Email contact: \_\_\_\_\_

Reviewed by board