AGE GROUP: _____

BARROW COUNTY LEISURE SERVICES
FACEBOOK.COM/BARROWLS

2016 YOUTH BASKETBALL REGISTRATION FORM

REGISTRATION: Oct. 3rd – 31st LATE FEE: $15 PER CHILD

_____

Parent/Guardian Name (Please Print)

_____

Street Address **City/State/Zip Code**

_____

Cell Phone # **Home/Secondary Phone #** **Email Address**

_____

Emergency Contact **Relationship to Participant** **Phone Number**

MAKE A DIFFERENCE! COACHES NEEDED! Please Volunteer: (Circle One) Head Coach or Asst. Coach

Participant's Name	Birth Date (Month/Day/Year)	Age	Gender

Jersey Size (Circle One)	Short Size (Circle One)	Shooting Shirt Size (Circle One)
Youth: YS YM YL **Adult:** AS AM AL AXL A2XL **Ladies':** XS S M L AXL A2XL	**Youth:** YS YM YL **Adult:** AS AM AL AXL A2XL	**Youth:** XS YS YM YL **Adult:** AS AM AL AXL A2XL

Please list any Medical Conditions we need to be aware of: _____

Refund Policy: A refund will not be given without a justifiable request. Refunds or credits will not be granted after the first date of game competition. If you request a refund at least 3 business days before the session begins, you will have two options: (1) Receive an immediate credit for the full amount towards your next registration fee; (2) Receive a refund, minus a 20% administration fee within 10 business days of your request in writing. A credit will be issued in the event an activity cannot be completed due to a documented medical problem. The amount of credit given will be at the Director's discretion. If the participant withdraws due to injury after the first date of competition, a refund will be prorated. **Returned Check Policy**: Any check returned due to insufficient funds will be turned over to a collection agency.

WAIVER OF LIABILITY STATEMENT: PLEASE READ AND INITIAL BELOW

In order to register, parents must initial here _____ to confirm the following:

□ In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors and administration, waive and release any and all rights and claims for damages I or my child may have against the Barrow County Parks and Recreation Department and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand that my child/ward or I may be photographed while participating in the above program(s). I give my permission for photos or videotape of my child/ward or me to be used to promote Barrow County Parks and Recreation and that such photos and video will be the property of Barrow County Parks and Recreation.

CONCUSSION POLICY: PLEASE READ AND INITIAL BELOW

In order to register, parents must initial here _____ to confirm the following:

□ I, the parent/guardian hereby acknowledge receiving concussion information.

□ I accept my responsibility to report my child's symptoms to BCLS staff, coaches, and health care providers.

□ I understand that my child must not have any concussion symptoms before returning to play and must have written permission from a health care provider trained in concussion management before returning to play.

CODE OF ETHICS: PLEASE READ AND INITIAL BELOW

In order to register, parents must initial here _____ to confirm the following:

□ I, the parent/guardian hereby acknowledge receiving Code of Ethics information.

□ I understand that violation of the code of conduct, and any actions that BCLS staff deems inappropriate, unsportsmanlike and/or disrespectful, will result in removal from the event's premises and possible suspension from future events.

By signing below I am consenting to the above waiver of liability, concussion policy and registering my child to participate in BCLS activities.

Participant or Parent/Guardian: _____

Signature **Date**

Office Use Only: Birth Certificate: Y N Payment: $_____ Type: _____

BARROW COUNTY LEISURE SERVICES
PARENT/GUARDIAN CODE OF ETHICS

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 any personal desire to win.

I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will not use offensive language, or have an offensive tone, during youth activities. Immediate removal and one-game, or more, suspension will apply.

I will not approach a coach, an official, a BCLS Staff member, or any other parent or participant in a threatening manner in attempt to intimidate. Immediate removal and one-game, or more, suspension will apply.

I will demand a drug, tobacco, and alcohol-free sports environment for my child and agree to assist by refraining from using banned substances at all youth sports events. I am aware that smoking is not allowed on County property.

I will remember that the game is for children, not for adults and do my very best to make youth sports fun for my child and others. I will maintain positive relationships with other parents and coaches and address any issues that arise with only BCLS staff.

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.

I understand that violation of any of the above code of conduct, and any actions that BCLS staff deems inappropriate, unsportsmanlike and/or disrespectful, will result in removal from the event's premises and possible suspension from future events.

The Parent/Guardian signing below is responsible for notifying and informing all other accompanying members to events of the Barrow County Leisure Services Code of Ethics.

_____

Parent/Guardian Signature Date