

**TOWN OF GILA BEND
2021 YOUTH VOLLEYBALL PLAYER REGISTRATION FORM**

PLAYER INFORMATION	
Player Name: _____	
Address: _____ City/State/Zip: _____ Email: _____	Date of Birth: _____ League Age on Sept 10th: _____ Gender: M or F Youth / Adult Shirt Size: _____ Youth / Adult Shorts Size: _____
My child will play: (select one)	
<input type="checkbox"/> SOCCER: AGES 5-8 Oct 4 th – Nov 17 th (Games are Monday & Wednesday) \$35 payable at Town Hall / \$45 late registration <ul style="list-style-type: none"> Birth Certificate copy required Parental Code of Conduct required 	<input type="checkbox"/> SOCCER: AGES 9-11 Oct 4 th – Nov 17 th (Games are Monday & Wednesday) \$35 payable at Town Hall / \$45 late registration <ul style="list-style-type: none"> Birth Certificate copy required Parental Code of Conduct required
<input type="checkbox"/> SOCCER: AGES 12-16 Oct 4 th – Nov 17 th (Games are Monday & Wednesday) \$35 payable at Town Hall / \$45 late registration <ul style="list-style-type: none"> Birth Certificate copy required Parental Code of Conduct required 	\$35 Registration Dates: August 2nd – August 31st \$45 Late Registration Dates: Sept 1 st - Sept 3 rd League Dates: Oct 4th – Nov 17th
PARENT INFORMATION	
Parent #1	Parent #2
Name: _____ Phone: _____ Email: _____	Name: _____ Phone: _____ Email: _____
LIABILITY RELEASE	
<p>In consideration of my child's acceptance in this program, I, the undersigned, intending to be legally bound, do hereby, for myself, my heirs, my personal representatives and assigns, waive, release and forever discharge any and all rights and claims for damages I may have or may hereafter accrue to me against the Town of Gila Bend, or any sponsor, its or their officers, agents, representatives, successors and/or assigns or any other corporations or individuals associated with the Town of Gila Bend, for any damages, claims, injuries, or actions sustained or suffered in connection with my child's association or entry in or arising out of their participation in said event. If in doubt as to my child's physical condition to engage in this event I have been advised to seek the advice of a competent physical and to abide by this advice. I attest and verify that I have full knowledge of the event risks involved in this program and my child is physically fit and sufficiently healthy to participate in this program.</p>	
Parent signature _____	Date: _____

TOWN USE ONLY		
AGE 5-8	AGE 9-11	AGE 12-14
<input type="checkbox"/> \$35 Fee paid		<input type="checkbox"/> \$45 Late Fee Paid
	<input type="checkbox"/> Copy of Birth Certificate submitted	
	<input type="checkbox"/> Parental Code of Conduct signed/submitted	
	<input type="checkbox"/> Team Name: _____	

**TOWN OF GILA BEND
RECREATION – MEDICAL RELEASE FORM**

LEAGUE/SPORT NAME: _____

PLAYER NAME: _____

DATE OF BIRTH: _____

Parent/Guardian Name: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Player Address: _____ City: _____ State: _____ Zip: _____

FAMILY PHYSICIAN INFORMATION

Physician Name: _____

Address: _____

Phone: _____

City/State/Zip: _____

Hospital preference: _____

EMERGENCY CONTACT INFORMATION

If parent or legal guardian cannot be reached

#1

#2

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Relationship to player: _____

Relationship to player: _____

List any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder). The purpose of the information listed below is to ensure medical personnel have details of any medical concern that may interfere with or alter treatment. Use an additional sheet of paper if necessary, and attach to Medical Release Form.

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

MEDICAL COVERAGE INFORMATION

Insurance Carrier: _____

Policy ID#: _____ Group ID#: _____

PARENT/LEGAL GUARDIAN AUTHORIZATION

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by certified emergency personnel (i.e. EMT, First Respondent, E.R. Physician).

Parent signature _____ Date: _____



PARENTS' CODE OF CONDUCT

Player's Name: _____ Date: _____

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' 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 well-being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.

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

I will support 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 their use at all youth sports events.

I will remember that the game is for youth - not adults.

I will do my very best to make youth sports fun for my child.

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 respectful 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.

Parent Signature

Date



Volunteer Coaching Application

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date _____
 First Middle Last

Address _____

City _____ State _____ Zip _____

Social Security # _____ Cell Phone _____

Business Phone _____ Home Phone: _____

E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

1. Do you have children in the program? Yes _____ No _____

If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? (list) _____ Yes _____ No _____

3. Do you have a valid driver's license? Yes _____ No _____

Driver's License#: _____ State _____

4. Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?

If yes, describe each in full: _____ Yes _____ No _____

5. Have you ever been convicted of or plead guilty to any crime(s) Yes _____ No _____

If yes, describe each in full: _____

(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes _____ No _____

If yes, describe each in full: _____

(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes _____ No _____

If yes, explain: _____

In which of the following would you like to participate? (Check one or more)

Coach _____ Umpire _____ Recreation Board _____ Other _____

Please list three (3) references at least one (1) of which has knowledge of your participation as a volunteer in a youth program:

Name / Phone Number

1. _____
2. _____
3. _____

As a condition of volunteering, I give permission for the Town of Gila Bend Recreation Department to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offenders registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the Recreation Department receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the Town of Gila Bend Recreation Department, the employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, the Gila Bend Recreation Department is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension and possible removal by the Town of Gila Bend Recreation Department or Town Manager for violation of policies, principles or Code of Conduct.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (Please Print) _____

Note: The Town of Gila Bend Recreation Department will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.