

**Charleston County Community Education
 Rural Athletics Program
 Youth Sports Registration Form**



- Baptist Hill**
- St. John's**
- McClellanville**

For Office Use Only

B/C on File: _____

Amt. Paid for Registration: _____ Check#/Cash: _____

Date Paid: _____ Receipt#: _____

Staff Person: _____

Sport: _____ School: _____ Grade: _____

_____ Male _____ Female Player's Weight (Football Only): _____

Player's Legal Name: _____
(as appears on Birth Certificate) First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Date of Birth: ____/____/____ Age: _____

Emergency Name & Number: _____

Mother's Name: _____ Work Number: _____ Email: _____

Father's Name: _____ Work Number: _____ Email: _____

I, the undersigned, do hereby give approval for my child to play in the above sport. I also acknowledge that the Charleston County Community Education Program will issue no refunds should I choose not to have the registrant participate before or during the season for whatever cause. I also agree to be responsible for any uniform or equipment issued to registrant and will return it in a timely manner. I understand failure to do so will result in financial responsibility to replace such items.

 (Parent or Legal Guardian Signature) DATE SIGNED: _____

Please circle one if you are interested in: **(HEAD COACH)** **(ASSITANT COACH)** **(TEAM MOM)** **(TEAM DAD)**

Release of Liability for Minor Participants

Read Before Signing

In consideration of _____ being allowed to participate in any
(Child's Name)
way in the Charleston County Community Education Youth Athletics program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my minor child's participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself and my minor child from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Charleston County Community Education Program, Charleston County Park and Recreation Commission, Charleston County School District, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Parent or Legal Guardian Signature) DATE SIGNED: _____

Printed Name: _____

EMERGENCY INFORMATION & CONSENT

(ONE FOR EACH ATHLETE)

Athlete's Name _____ Nickname _____

Address _____

Father's Name _____ Home Phone _____

Address _____

Employer _____ Work Phone _____

Mother's Name _____

Address _____

Employer _____ Work Phone _____

Family Physician's Name _____

Physician's Address _____ Physician's Phone _____

Allergies (list): _____

Serious Medical Conditions (list) _____

Current Medications (list) _____

I/we hereby grant consent to any and all health care providers designated by Charleston County Community Education Program to provide my child _____ any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

(child's name)

(Parent or Legal Guardian Signature) DATE SIGNED: _____

IMAGE RELEASE

In consideration of participation in the Charleston County Community Education Youth Athletics program, the undersigned agrees that their likeness, or the likeness of their child/ward, may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program.

(Parent or Legal Guardian Signature) DATE SIGNED: _____

Parents' Code of Ethics

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Ethics Pledge:

- 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 a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- 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 of 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 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 Ethics.

Child's Name: _____ Parent/Guardian Name: _____

(Parent or Legal Guardian Signature) DATE SIGNED: _____