

CHAGRIN ATHLETIC ASSOCIATION

REGISTRATION and Medical FORM

CAA, PO Box 105-Chagrin Falls, Ohio 44022

PLAYER INFORMATION

Last Name: _____ First Name: _____

Current Grade: _____ Age (as of May 1, 2009): _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Home Phone Number _____ E-Mail _____ Youth Shirt Size _____

Sport Activity (Please circle):

Boys Sports:

Football **Wrestling** **Lacrosse** **Basketball**
Baseball: T-Ball Pee-Wee Minors Majors Ponies
(K) (1/2) (3/4) (5/6) (7/8)

Girls Sports:

Volleyball **Basketball** **Lacrosse** **Softball**

Registration Fee: \$ _____ Check No./Cash _____

Other Sports the Child will play during the same period (if any): _____

SCHOOL DISTRICT CERTIFICATION

As the parent/guardian of the above player, I certify that he/she is a resident of (or is eligible to enroll in) the Chagrin Falls School District. *Please initial* (_____)

CODE OF CONDUCT

As the parent/guardian of the above player, I, along with my spouse, have read the Parent Code of Conduct and will abide by its rules. *Please initial* (_____)

PARENT/GUARDIAN INFORMATION

Name of Father and Mother (or Guardians): _____

Emergency Phone Numbers for Parents: (1) _____ (2) _____

Interested in Volunteering? (Circle One)

TRAVEL COACH REC COACH ASSISTANT COACH TEAM MANAGER ADMINISTRATION

Interested in Sponsoring a Team? (\$ _____ Donation): _____ (Sponsor Name)

MEDICAL RELEASE AND EMERGENCY MEDICAL AUTHORIZATION

I. Please list any medical information relevant to participant, such as history of Rheumatic Fever, Diabetes, Epilepsy, Hepatitis, Head Injury, Spine Irregularity, Current Infection, Previous Head Injury, Missing Organs, or any Disability.

II. As the parents/guardians of the above child, we hereby give our approval for his/her participation in the above CAA sport. We do release, absolve, and hold harmless CAA organizers, officials, sponsors, coaches, and/or all in case of injury to our child, ourselves, or any member of our family who may be attending a game or practice. We likewise release from responsibility any person transporting our child too and from activities. I do hereby waive all claims against CAA. In the event of injury to our child, CAA has our permission to have our child treated at any hospital, unless so stated here:

III. I hereby give my permission for any and all medical attention necessary to be administered to above stated child in the event of an accident, injury, sickness, etc., under the direction of the present coaches, until such time as I may be contacted. This release is effective for a period of one year from the date given below. I also hereby assume the responsibility for payment of any such treatment. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Insurance Company: _____ Policy #: _____

Physician: _____ Phone # _____ Address: _____

Dentist: _____ Phone # _____ Address: _____

IV. In case I cannot be reached, the following person(s) can be contacted in the event of an emergency:

Name: _____ Phone # _____

Name: _____ Phone # _____

V. Other facts concerning the child's medical history, including known allergies:

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENTS CODE OF CONDUCT

I(WE) AGREE TO THE FOLLOWING

1. I will strive to **protect the health and safety** of my child.
2. I hereby pledge to **provide positive support, care, and encouragement** for my child participating in youth sports by following this Parents' Code of Ethics.
3. I will **encourage good sportsmanship** by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.
4. I will place the **emotional and physical well being** of my child ahead of my personal desire to win.
5. I will understand that the coach upholds the Coaches' Code of Ethics.
6. I will **support coaches and officials** working with my child, in order to encourage a positive and enjoyable experience for all.
7. I will **not interfere with coaching** during practices or games.
8. 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.
9. I will remember that the **game is for youth - not adults**.
10. I will ask my child to **treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability**.
11. 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.
12. My child is a **resident of the Chagrin Falls School district**.
13. I understand and authorize my child to sign a Player's Code of Conduct designed to foster the same guidelines set forth herein. I further understand that my or my child's failure to abide by our respective Codes of Conduct could result in removal from practices and/or games either temporarily or permanently.

Parent/Guardian

Signature: _____

Date_____

Parent/Guardian

Signature: _____

Date_____

PLAYER CODE OF CONDUCT

I AGREE TO THE FOLLOWING:

1. I will encourage **good sportsmanship** and support all players, coaches and officials at every game and practice.
2. I will **treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.**
3. I will **treat all property with care.** If I damage any property, my family will reimburse CAA of the school.
4. I will **attend ever practice and game that is reasonably possible** and I will notify my coaches when I cannot.
5. **I will not use drugs, alcohol or tobacco.**
6. I will **listen and follow my coach's instructions.**
7. I will **not use profanity** during practice or a game.
8. I will **encourage my parents to be involved** with my team in some capacity because it is important to me.
9. I understand that I'm playing not only to compete, but also to develop my skills and have **FUN.**
10. I am a **resident of the Chagrin Falls School District.**
11. I understand that I am representing myself, the team, and Chagrin Falls and accept that will **follow all the rules of my Coaches and CAA.**
12. Finally, I understand that failure to abide by and follow the Code of Conduct can result in me being suspended fro games or practice or removed from the team.

Player
Name _____ Date _____

Players Signature _____

Program: _____

US Lacrosse Membership Number Information:

Player
Name _____ Date _____

US Lacrosse Membership Number _____

Membership Number Expiration Date: _____