

BASKETBALL CONTRACT

LAKE CITY RECREATION & TOURISM DEPARTMENT

Full Name As Shown On Birth Certificate _____

911 Address: _____

Mailing Address: _____

Home Telephone: _____ Date of Birth _____ Age: _____

Cell Phone: _____ E-MAIL: _____

I/We the parent(s) of the above named candidate do hereby give my approval for participation in this program. I/We do assume all risks and hazards incidental to the conduct of the activities and I/We do further hereby release, absolve and hold harmless the City of Lake City, South Carolina, its agents, servants and employees. I/We likewise release from responsibility any person transporting my/our child to and from activities. **I also understand that if my child is disruptive and abusive he/she will be suspended or expelled from the program. I/We confirm that my child has had a physical examination in the past (12) twelve months and is physically able to participate in the above named sport. I understand the registration fee will not be refunded.**

I/We as parents do hereby agree in signing this contract to abide by the code of ethics of good sportsmanship at the contests, to refrain at all times from any harassment of any official or ridicule the efforts of any participant.

My/Our child (children) have insurance with the following company or Medicaid.

Divisions: Boys & Girls

8-10 _____ 11-12 _____ 13-14 _____ 15-17 _____

_____ I am willing to serve as a volunteer for the recreation department.

_____ I am not willing to volunteer my services.

Signature of Parent/Legal Guardian _____

Date: _____

Parents Code Of Ethics

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

1. I hereby pledge to provide support, care, and encouragement for my child participating in youth sports by following this Parent's Code of Ethics Pledge.
2. I will place the emotional and physical well being of my child ahead of a personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
5. 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.
6. I will remember that the game is for youth - not for adults.
7. I will do my very best to make youth sports fun for my child.
8. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, creed or ability.
9. 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.
10. 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.

I _____ as a person agree to abide by the above

Parents Code Of Ethics.

Cynthia M. Mallette, Director

Lake City Recreation Department

CONSENT FOR MEDICAL/SURGICAL CARE/EMERGENCY TREATMENT AND CHILD'S MEDICAL INFORMATION

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|---|---|
| <p>In presenting my son/daughter for diagnosis and treatment</p> <p>NAME(S): _____ <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> legal guardian</p> <p>For _____ <input type="checkbox"/> son <input type="checkbox"/> daughter</p> <p>of _____ years of age: hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.</p> <p>I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.</p> <p>I have read this form and I certify that I understand its contents. We/I hereby give our (my) consent to:</p> <p>_____ (Name of Person/Agency)</p> <p>who will be caring for our (my) child: _____ (name of child)</p> <p>for the period _____ to _____ to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of our (my) child.</p> <p>We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.</p> | <p>Family Physician: _____</p> <p>Pediatrician: _____</p> <p>Surgeon: _____</p> <p>Orthopedist: _____</p> <p>Child's Allergies, if any: _____</p> <p>_____</p> <p>Date of last tetanus booster: _____</p> <p>Medicines child is taking: _____</p> <p>_____</p> <p>Name of Insurance Carrier: _____</p> <p>_____</p> <p>Group # _____</p> <p>Agreement # _____</p> <p>Signature _____</p> <p style="text-align: center;">mother, father, or legal guardian</p> |
| Name: _____ | Date: _____ |
| Address: _____ | Witness: _____ |
| City/State/Zip _____ | Date: _____ |
| Telephone: _____ | In case of emergency I can be reached at: _____ |
| Cell or other phone: _____ | |