

FREEBURG CHILDRENS ATHLETIC ASSOCIATION REGISTRATION FORM - 2010

(Please Print Clearly – Fill out all forms)

Player Information:

Player Name						Sex: Male OR Female
Street Address						DOB:
City/Zip Code						
School Attended						Grade in School TODAY:
Shirt Size	YouthSmall	YouthMedium	YouthLarge			
	AdultSmall	AdultMedium	AdultLarge	AdultXL	AdultXXL	

Parent/Guardian Contact Information:

Parent/Guardian Name:	
Parent/Guardian Home Phone:	
Parent/Guardian Cell Phone:	
Other	

**District 19 Sports Association / Freeburg Children's Athletic Association
PARENTS/GUARDIANS CODE OF CONDUCT
Trustworthiness, Respect, Responsibility, Fairness, Citizenship, Caring**

- Treat players, other parents, coaches, and referees with the utmost respect at all times.
- Do not force your children to play sports, but support their desire to play their chosen sport. Children are involved in organized sports for THEIR enjoyment. Always make it FUN.
- Be a positive role model. Be gracious in victory and accept defeat with dignity; display emotional maturity.
- Use positive encouragement to increase confidence and build self-esteem in your children and foster a respect and appreciation for the sport. Stress the importance of the team play over personal statistics and recognition. Encourage your children to develop good practice and game habits in an effort to continually improve their skills.
- Foster the development of good character by teaching, enforcing, advocating, and modeling high standards of ethics and sportsmanship.
- Encourage your children to learn the rules of their sport and abide by them at all times.
- Recognize the effort put in by volunteer coaches. Communicate with and support them in any way that you can.
- Be responsible for guests you bring.
- Respect the facilities. Without them, there would not be a place to play.
- Work one shift at the Freeburg Homecoming Hamburger/Kabob Stand the third weekend in August. This is a requirement for one parent/guardian for each child who plays FCAA ball.

I have read and understand the above Code of Conduct and understand that it is my responsibility to provide positive support, care, and encouragement for my child. I also understand that violation of this code of conduct could result in my being forbidden from attending games or practices.

I, the undersigned parent or legal guardian of the child named on this form, give my permission for my child to play in the FCAA summer ball program. I authorize the needed emergency treatment if my child becomes ill or injured while at an activity sponsored by the FCAA. I also agree that I will not hold the FCAA, its managers, coaches, or directors liable for injuries which may occur during a practice or game, beyond the limits of its insurance. By paying the said fee, I understand that this fee is non-refundable according to the by-laws of the FCAA.

Signature of Parent or Legal Guardian_____
Date

FCAA Medical Release

I, _____ the undersigned parent or legal guardian,
PRINT PARENT/GUARDIAN NAME
 give my permission and/or authorization for emergency medical treatment for my child

_____ in the event he or she is injured or ill during any
PRINT CHILD'S NAME
 activity or function of the FCAA. I have listed below any allergies and/or special needs my child is known to have regarding his or her health or well being.

Allergies	
Special Needs	

Insurance Information:

Name of Insured	
Company Name	
Policy Number	

Emergency Contact Information: In the event we are unable to contact a parent/guardian:

Name:		
Phone:		Relationship:
Name:		
Phone:		Relationship:

 Signature of Parent/Guardian

 Date