

YOUTH DODGEBALL REGISTRATION

CIRCLE PROGRAM: CO-ED (6-9 YRS) PLAYS ON MONDAY EVENINGS
CO-ED (10-13 YRS) PLAYS ON WEDNESDAY EVENINGS

FIRST NAME: _____ **LAST NAME:** _____

GENDER: FEMALE MALE **AGE:** _____ **BIRTH DATE:** _____ **SCHOOL:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE #1: () _____ - _____ **CIRCLE:** HOME CELL WORK

PHONE #2: () _____ - _____ **CIRCLE:** HOME CELL WORK

EMERGENCY CONTACT: FIRST NAME: _____ LAST NAME: _____

REALTIONSHIP: _____ PHONE: () _____ - _____

PARENT/GUARDIAN NAME(S): _____ **AND** _____

PARENTS EMAIL ADDRESS: _____

PARENTS, INTERESTED IN COACHING? YES NO **IF YES, CIRCLE POSITION:** HEAD COACH / ASSISTANT

FEES

BROOK PARK RESIDENTS: \$20

NON RESIDENTS: \$30

PARENTS CODE OF CONDUCT: By signing below you agree to the following code of conduct, failure to comply may result in disciplinary action. Remember, this is a game. • As a parent, I will remember that my child has more need for example than criticism and that he/she needs me to help relieve the pressure of competition, not increase it. • I agree to praise good plays by members of either team, not just my own because the opponents are necessary friends. Without them, my child could not participate. • I respect that the coaches are volunteers, giving of the time and money to provide wholesome recreational activities for my child. • I also understand that the officials are symbols of fair play, integrity and sportsmanship and I will not openly question nor criticize his/her judgment or honesty. • I promise to abide by, and teach my child, the rules of fair play and good sportsmanship. • I will upon request furnish the above persons birth certificate.

WAIVER & RELEASE: I/we do hereby give approval for the above to participate in the John A. Polonye Community Center programs and agree to assume all risks and hazards while participating in or being transported to/from any try-out, practice or game and any/all other activities related to the program. I/we agree that neither the city of Brook Park, the rec. center, nor its staff, officers, agents nor any other person/organization in connection with this program will in any way be held responsible for any accident, injury or medical expenses that may be incurred while participating.

ADULT (18+) SIGNATURE: _____ **DATE:** _____

↓ **FOR OFFICE USE ONLY** ↓

DATE: _____ **EMPLOYEE INITIALS:** _____ **AMOUNT: \$** _____ **RECEIPT #:** _____

VERIFIED PROOF OF RESIDENCY: YES NO **BIRTH CERTIFICATE ON FILE:** YES NO