

# Smith Sharks Basketball



## Player Information:

_____		_____	
Child's Last Name		Child's First Name	
_____		_____	
Date of Birth	Age as of 12/31/11	Grade	
_____		_____	
School Attending	Medical Conditions		
Yes No	_____		
Has Child Played this Sport Before?	If yes, how many years	<input type="checkbox"/>	Boy's Basketball
		<input type="checkbox"/>	Girl's Basketball

## Uniform Information:

_____		_____	
Yes No		_____	
Does Child Have An Approved Uniform	If yes, what Number is it?		
_____	_____	_____	_____
Desired Uniform Number	2nd Choice	3rd Choice	

Shirt Size	Short Size
YS YM YL YXL	YS YM YL YXL
AS AM AL AXL	AS AM AL AXL

**Circle Uniform Parts Needed**

Entire Uniform

Jersey \_\_\_\_\_ Shorts \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

## Parent Information:

_____		_____	
Parent Last Name		Parent First Name	
_____		_____	
Street Address		City/Zip	
_____		_____	
Home Phone	Cell Phone		
_____	_____		
E-Mail Address _____			

I/We would like to volunteer in one of the following capacities—circle all that apply:

Coaching                      Team Mom                      Fundraising                      SAA Committee

Sport Directors Use:	Amt Pd _____	Cash _____	Check# _____	FHA _____
Team _____	Coach _____			

**CHESTERFIELD BASKETBALL LEAGUE**  
**APPLICATION TO PLAY BASKETBALL**

APPLICANTS NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
CITY AND STATE : \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
ELEMENTARY SCHOOL BOUNDARY: \_\_\_\_\_ ASSOCIATION: \_\_\_\_\_  
SCHOOL ATTENDED: \_\_\_\_\_ GRADE: \_\_\_\_\_

I/We, the parents or legal guardians for the above candidate for a position on a Chesterfield Basketball League team, hereby give My/Our approval to his/her participation in any and all league activities

I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Basketball League, Inc., the organizers, sponsors, supervisors, participants and person transporting My/Our son or daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return all uniforms and other equipment issued to My/Our son or daughter in as good condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate or other proof of birth of the above named candidate at this or initial sign in.

I/We understand that My/Our son or daughter is an ineligible player if he/she is named on any roster of any official school basketball team, whether public, private or parochial, during the current school year.

Is this candidate covered by Health Insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO .

Name of insurance company: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FREE AGENT NOT REQUIRING RELEASE**

The above named participant qualifies as a free agent without release from \_\_\_\_\_ association to play for \_\_\_\_\_ association because his/her parent was a \_\_\_\_\_ for \_\_\_\_\_ association the previous year of \_\_\_\_\_ and is a \_\_\_\_\_ for the current year.

**FREE AGENT REQUIRING RELEASE**

The above player is hereby released from \_\_\_\_\_ association to play for \_\_\_\_\_ association in the \_\_\_\_\_ division.

REASON FOR RELEASE: \_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_ (Home Association Voting Rep or President)

**APPROVED BY:** \_\_\_\_\_ Date: \_\_\_\_\_

League Official

PLACE  
BIRTH CERTIFICATE STICKER  
IN THIS SPACE

# Smith Athletic Association Membership Application



## Parent/Guardian Information

_____		_____	
Last Name		First Name	
_____		_____	
Street Address		City, State, Zip	
_____		_____	
Home Phone		Cell Phone	
_____		_____	
Elementary School Boundary		Previous Association	

\_\_\_\_\_

Email Address (Please print very clearly)

## Children's Information (Ages 4 & Up)

Name	Date of Birth	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We the parents or legal guardian of the above candidate(s) for a position on a Smith Athletic Association team, hereby give my/our approval for child(ren) to participate in any and all league activities.

We the parents or legal guardian assume all risks and hazards incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release, resolve, indemnify and agree to hold harmless the Smith Athletic Association, the organizers, sponsors, supervisors, participants and person transporting my/our child(ren), except to the extent and in the amount covered by accident or liability insurance.

We agree to return all uniforms and other equipment issued to my/our son/daughter in as good as the condition as when it was received except for normal wear and tear. Failure to do so will result in my/our responsibility to pay for new replacement of unreturned items. (If applicable). Any returned check is subject to a \$25 service fee and the Smith Athletic Association reserves the right to revoke family membership for unpaid charges.

**All members are given a family membership card with the completion of this form.** There is a \$5 fee for a replacement card if lost or stolen.

We will furnish a certified copy of each child's birth certificate or other proof of birth at his/her initial sport sign up.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Annual Family Membership Fee: \$30.00 Cash \_\_\_\_\_ Check # \_\_\_\_\_ Card given by \_\_\_\_\_

**Chesterfield County Parks and Recreation**  
**Parents Code of Conduct**

The Chesterfield County Parks and Recreation Advisory Commission has adopted the following code of conduct as a result of its concerns for good sportsmanship in cosponsored youth activities. Youth sports can be used as an opportunity for young people to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants. By participating in Chesterfield County Youth Sport Programs, all parties must abide by the Code of Conduct. Violations may result in the loss of privileges at county facilities.

I (and my guests) will be a positive role model for my children and encourage sportsmanship by showing respect and courtesy, and by demonstrating a positive support for all players, coaches, officials and spectators at every game, practice or sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.

I will respect the officials and their authority. I will refrain from questioning, discussing or confronting coaches during the game, and will take time to speak with the officials or coaches at an agreed upon time and place.

I will remember that children participate to have fun and that the game is for the youths, not the adults.

I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.

I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.

I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

**I have read and understand the code of conduct and consent to abide by all listed terms.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Smith Athletic Association**  
**Permission For Use of Filming/Photography**

I hereby give permission for Smith Athletic Association and it's approved representatives to photograph and/or film my child(ren), \_\_\_\_\_

I understand that this may be used for media publication. Should I wish to withdraw this permission, I will do so in writing.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

**CONFIDENTIAL**  
**Authorization for Medical Care of a Minor**

I, \_\_\_\_\_ the undersigned parent or legal guardian of \_\_\_\_\_  
Do hereby authorize Smith Athletic Association, *TO CONSENT* to any x-ray examination, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

*IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND* that in situations where the above named minor requires immediate or hostel care it may not be possible to contact me and that in situations I will not be able to knowledgeably evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment , in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determine to be necessary for the health and safety of the above named minor.

\_\_\_\_\_  
Parent/Legal Guardian Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
In case of emergency please contact \_\_\_\_\_  
Phone

**Treatment Information**

\_\_\_\_\_  
Minor's Birth Date \_\_\_\_\_  
Minor's Doctor

\_\_\_\_\_  
Hospital Preference \_\_\_\_\_  
Date of Minor's last Tetanus Shot

\_\_\_\_\_  
Minor's Medication

\_\_\_\_\_

Does your child have any known allergies or is your child allergic to any medications? \_\_\_\_\_

If yes, please list any allergies and their reaction: \_\_\_\_\_

\_\_\_\_\_

If there is anything about your child that would be helpful for the head coach to know please list below:  
Examples: Fear of getting hit by baseball, getting tackled, bathroom issues etc.

\_\_\_\_\_

\_\_\_\_\_