

# 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

Boy's Basketball

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 \_\_\_\_\_

**CGBL Participation Permission Form**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of December 31<sup>st</sup> \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Elementary School District: \_\_\_\_\_

Circle one if applicable: I currently play (Middle School / High School / AAU / YBOA) Basketball

**CONSENT:** I/We, the parent(s) or legal guardian(s) of the above named child do hereby give approval to her participation in any and all league activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from activities; I/We do hereby waive, release, absolve, indemnity, and agree to hold harmless the Chesterfield Girls Basketball League, Inc., organizers, sponsors, supervisors, participants and persons transporting my/our daughter(s) to and from activities for any claim arising out of any injury to my/our daughter(s), whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We will also furnish a copy of the birth Certificate for the above named child on or before the day of the first practice session.

**PLEDGE:** I/We as parent(s) or legal guardian(s) will abide and support all rules, guidelines, and standards as set forth by the Chesterfield Girls Basketball League Inc., and Chesterfield County. I/We understand that any violation committed by me/us will result in my/our suspension and preclude me/us from attending future league games/functions.

Parent/Guardian printed name \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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**Player Release Form**

The above player is released from \_\_\_\_\_ Athletic Association to play as a free agent for \_\_\_\_\_ Athletic Association in the Minor / Intermediate / Junior / Senior Division, during the current year.

NOTE: Middle School/AAU/YBOA players will not be released, unless the home Association does not field a team in that respective division.

Released By (Voting Rep/Assoc. President): \_\_\_\_\_ Date: \_\_\_\_\_

**League Use Only**

Approved By (Div, Comm.): \_\_\_\_\_ Date: \_\_\_\_\_

# 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.

\_\_\_\_\_

\_\_\_\_\_