

# 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 to 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.

\_\_\_\_\_  
\_\_\_\_\_

**CHESTERFIELD BASEBALL CLUBS, INC.  
2012 REGISTRATION**



*Affix CBC Label Here*

\_\_\_\_\_  
Player's Name

\_\_\_\_\_  
Player's Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
City, State, Zipcode

\_\_\_\_\_  
Parent/Guardian's Cellphone Number

\_\_\_\_\_  
Parent/Guardian's Email Address

I, the parent or guardian of the above named candidate, do hereby give my approval to his/her participation in any and all of the activities of the Chesterfield Baseball Clubs, Inc. during the current season. In case of injury to my child, I do hereby release, absolve, indemnify, and hold harmless the Chesterfield Baseball Clubs, Inc. (sponsors of the league), team sponsors, supervisors, managers, and assistant managers and/or all of them and waive all claims against any or all of them. The above waiver of damages does not apply to the benefits under the insurance policy.

Each child will be covered by a supplementary group accident insurance policy both during practice and the playing season. Should the above named candidate become a member of the official roster of a team in the Chesterfield Baseball Clubs, Inc. league, I do hereby agree to pay the association/league the cost of participation.

I will furnish, upon request by League Officials, a copy of the birth certificate of the above named candidate.

I agree to return, upon request, the uniform and other equipment issued by the association or league to our child in the same condition as when received, except for normal wear and tear.

<p>ELEMENTARY SCHOOL _____ LEAGUE AGE _____ BOUNDARY _____ (Age as of April 30, 2012)</p> <p>Is this candidate on a roster for any other team (AAU, USSSA, High School, Little League, or any other league)?    ___ Yes    ___ No    If Yes, Team _____</p>
---

**THIS FORM MUST BE SIGNED BY ONE PARENT OR GUARDIAN**

**IS THIS CANDIDATE COVERED BY HEALTH INSURANCE? YES \_\_\_ NO \_\_\_**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

# Smith Sharks Baseball

## Player Information:

\_\_\_\_\_  
Child's Last Name

\_\_\_\_\_  
Child's First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age as of 4/30/12

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School Attending

\_\_\_\_\_  
Medical Conditions

Yes No

\_\_\_\_\_  
Has Child Played this Sport Before?

\_\_\_\_\_  
If yes, how many years

## 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				Pant Size			
YS	YM	YL	YXL	YS	YM	YL	YXL
AS	AM	AL	AXL	AS	AM	AL	AXL

### Circle Uniform Parts Needed

#### Entire Uniform

Jersey

Belt

Pants

Socks

Cap

## 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 \_\_\_\_\_