

Smith Athletic Association Membership Application



Smith Association Registration www.smithsharks.net

Parent Last Name: _____ Parent First Name: _____

Address: _____ Home Number: _____

_____ Cell Number: _____

Email: _____

Elementary School Boundary: _____

Children's Information			
_____	_____	_____	YES NO Attending ASE?
Child's First and Last name	Birth date (ex:04/29/83)	Grade	
_____	_____	_____	YES NO Attending ASE?
Child's First and Last name	Birth date (ex:04/29/83)	Grade	
_____	_____	_____	YES NO Attending ASE?
Child's First and Last name	Birth date (ex:04/29/83)	Grade	

*I/We the parent(s) 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 assume all risks and hazards incidental to such participating 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 your child(ren), except to the extent and in the amount covered by accident or liability insurance.

*I/We agree to return all uniforms and/or equipment issued to your child(ren) by SAA in as good condition as the condition as when it was received except for normal wear and tear. (if applicable)

*I/We will furnish a certified birth certificate or other proof of birth of the above named candidate(s) at his/her sign-ups.

Any returned check is subject to a \$25 service fee and SAA reserves the right to revoke family membership for unpaid charges. If charges are not paid to SAA your child(ren) will not be allowed to participate in SAA related events until the balance is paid or an agreement has been made.

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.

Parent Signature: _____ Date: _____

Parent First and Last Name (please print): _____

Child Participating in Sport: CHEERLEADING
Child's name: _____
Child's name: _____

Circle below if you are interested in serving in one or more following positions:
Head Coach Asst. Coach Team Mom
Concession Homecoming Committee

SAA BOARD ONLY: Annual Membership Fee \$30: check# _____ cash _____

Date: _____

Board/Director Initials: _____

Smith Athletic Association



PERMISSION FOR USE OF FILMING/PHOTOGRAPHY

I hereby give permission for Smith Athletic Association to photograph and/or film my child, _____ . I understand that this may used for publication. Should I wish to withdraw this permission, I will do so in writing.

Signature of Parent/Legal Guardian

Date

CODE OF CONDUCT

The Smith Athletic Association has incorporated in it's by-laws a code of conduct to be followed by all parents, coaches, and players. The CODE OF CONDUCT reads as follows:

1. Display good sportsmanship at all times.
2. No tobacco or alcohol on or near fields or playing areas.
3. No usage of foul or abusive language towards officials, parents, coaches and, especially, players.
4. Provide all players a fun and safe experience at all times.
5. Provide fair playing opportunities to all players.
6. Keep all parents informed of and ask for their assistance concerning a player before corrective action is necessary.
7. No fighting.

In addition to our by-laws there may be additional Code of Conducts relating to each individual sport by their governing associations and by Chesterfield County Parks and Recreation.

Smith Athletic Association Board reserves the right to revoke or deny any membership that it deems is necessary.

I have read and understand the code of conducts by SAA and received a copy of the Chesterfield County Parks and Recreation Parent Code of Conduct (received in parent package).

Parent Signature

Date

CONFIDENTIAL

Authorization for Medical Care of a Minor

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I, _____ the undersigned parent or legal guardian of _____ do hereby authorize _____ 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 determines to be necessary for the health and safety of the above named minor.

Date _____ Parent/Legal Guardian Signature _____

Home Phone _____ Cell Phone _____

Address _____

In case of an emergency please contact _____ Phone _____

Treatment Information

Minor's Birth Date _____ Minor's Allergies _____

Minor's Doctor _____ Phone _____

Minor's Medication _____

Date of Minor's Last Tetanus Shot _____ Hospital Preference _____

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 are any "Helpful Hints" (previous cheering, bathroom frequency, etc.) or "fears" (heights, being in front of people, etc.) you would feel helpful for me to know, please list them: _____

CHESTERFIELD CHEERLEADER LEAGUE

MEDICAL FORM

YEAR: _____

COMPLETION OF THIS FORM WILL COVER YOUR CHILD AT ALL CCL EVENTS FOR THE CURRENT YEAR

Name: _____ Birth Date: _____ Grade in September: _____
Mailing Address: _____ City: _____ St: _____ Zip: _____
Telephone #: () _____ Emergency Contact: _____ Relationship: _____
Home Phone: (804) _____ Business Phone: () _____
If this person cannot be reached, please contact: _____ Relationship: _____
Home Phone: (804) _____ Business Phone: () _____ Elementary School Boundary: _____

THIS FORM DOES NOT REQUIRE A PHYSICAL EXAMINATION

Please list all allergies: _____ Please list allergies to medication: _____

Please list any medication which participant is currently taking: _____

Please make any necessary comments concerning physical condition, restrictions of participant, if any, etc.: _____

INSURANCE INFORMATION: Please list name and address of insurance company that covers participant.

Name of Insurance Company: _____ Policy #: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Name of Subscriber: _____ Relationship to Participant: _____

_____ Please check this line if participant is NOT covered by an insurance policy. Please be aware that bills will be sent directly to parent or legal guardian.

MEDICAL TREATMENT / AUTHORITY STATEMENT

I, the undersigned parent/guardian, do hereby grant permission for my daughter/son/ward to attend cheerleading events sponsored and conducted by Chesterfield Cheerleader League. In order for my daughter/son/ward to receive the necessary medical treatment in the event of an injury or illness, I hereby authorize Chesterfield Cheerleader League's staff members to obtain medical treatment for my daughter/son/ward for such injury or illness. I hereby hold Chesterfield Cheerleader League and their representatives harmless in the exercise of this authority.

I further acknowledge, understand and agree that in participating in these events there is a possibility of physical injury or illness that my daughter/son/ward is assuming the risk of injury or illness by her/his participation. I assume full financial responsibility for such treatment.

WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Chesterfield Cheerleaders League's cheerleader sports program and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk and serious injury, including permanent disability and death, and severe social and severe economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises of any equipment used.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Chesterfield Cheerleader League, its affiliated associations, their respective directors, agents, coaches, sponsors, and other employees of the organization, other participants, sponsoring agencies, sponsors advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, property losses or damages on account of injury, including death or damage property, caused or alleged to be caused in whole or in part by the negligence of the releases otherwise.

I/WE HAVE READ THE ABOVE MEDICAL TREATMENT/AUTHORITY STATEMENT AND WAIVER & RELEASE OF LIABILITY, AND UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

(X) Parent / Legal Guardian: _____ Date: _____

Printed name of Parent or Guardian: _____ Printed name of participant: _____

Address of Participant: _____ City: _____ St: _____ Zip: _____

THIS FORM MUST BE SIGNED BY THE "X". NO ONE CAN PARTICIPATE IN A CCL EVENT UNLESS THIS FORM HAS BEEN PROPERLY FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN.