

OOLTEWAH YOUTH ASSOCIATION

Baseball

Softball

Football

Cheerleading

CHILD

First Name _____ Last Name _____ Male/Female _____

Birth date _____ Age August 1, 2008 _____

Playing experience:

Sport	Where	# years	Positions played	All Star? (Y/N)

List any physical or other restrictions: _____

School: _____

How did you hear about OYA signups? _____

PARENTS/GUARDIAN

Parents/Guardians _____ Relationship _____

Address _____ Home Phone: () _____

City _____ State _____ Zip code _____ Work Phone: () _____

Email address : _____ Cell Phone: () _____

Other Phone: () _____

I/We would like to Volunteer for:

Coach Assistant Coach Concessions Coordinator Sponsor

Coaching experience: _____

OTHER PARENTS

Name _____ Relationship _____

Address _____ Home Phone: () _____

City _____ State _____ Zip code _____ Work Phone: () _____

Email address : _____ Cell Phone: () _____

I/We would like to Volunteer for:

Coach Assistant Coach Concessions Coordinator Sponsor

Coaching experience: _____

Other emergency contact: Name: _____ Phone: () _____

Other children registering (Names & Ages) _____

Comments: _____

OYA USE ONLY	
Registration Fees: Ages through 14: Football : \$100.00 Cheerleading: \$100.00	#Children Registered _____ Amount collected _____ Collected by _____ Date collected _____ Check # _____
Registered At _____ Date _____	Age group assignment _____ Team _____

I AGREE TO ACCEPT ALL RESPONSIBILITY IN CASE OF INJURY TO MY CHILD. I ALSO AGREE TO ABIDE BY THE RULES OF THE OOLTEWAH YOUTH ASSOCIATION. I WILL DISPLAY PROPER CONDUCT AT ALL TIMES AND ENCOURAGE MY CHILD TO DO THE SAME. I HAVE READ THE PARENTS CODE OF ETHICS STATEMENT. I UNDERSTAND IT AND AGREE TO ABIDE BY IT.

_____ Parent Signature

Completed form and payment may be mailed to:
OYA, 5503 Hickory Street, Ooltewah, TN 37363

PARENTS' CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this code of ethics.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide, enjoyable experience for all.
- I will demand a drug, alcohol, and tobacco free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
- I will remember that the game is for the children not for the adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will promise to help my child enjoy the sports experience within my personal constraint by assisting with coaching, being a respectful fan, providing transportation, or whatever I am capable of doing.

CONSENT AND RELEASE

I understand that my child/dependent will be engaged in strenuous physical activity, and for this reason, certify that he/she is in good health and able to participate in all activities.

I further acknowledge that some sports include either intentional or incidental contact and that injury, even with proper protective gear and proper coaching techniques, is possible.

I agree that the participant and I will abide by the rules of Ooltewah Youth Association. I am aware of the risks and hazards incidental to such participation and assume all risks associated with such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless the parents, local league, Board of Directors, coaches, Ooltewah Youth Association, organizers, sponsors, supervisors, league officers, commissioners, and all participants from all claims arising out of injury.

As the parent or legal guardian, in the event of my absence, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well being of my child/dependent.

I have read and agree to the **Parent Code of Ethics, the Consent and Release, and the Grievance Policy.**

NAME OF CHILD (please print)

PARENT SIGNATURE