Graham Recreation & Parks Department
Youth Athletic Permit for T-Ball 2014

Mailing Address: P.O. Box 357 Graham, NC 27253
Recreation Center Phone Number: 336-570-6718
Registration: Feb 10th – March 28th / Residents: $15, Non Residents: $30

Discounts available for multiple children in the same sport

Child's Complete Name: _____ Gender Female
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

Birth Date (MM/DD/YY): _____Age as of August 1, 2014: 5 Favorite Athlete: _____

Parents/Legal Guardians: _____ Home Phone :(____) _____

E-Mail Address: _____ Cell: (____) _____Business: (____) _____

Emergency Contact: _____ Emergency Phone: (____) _____

Did your child play this sport last year? No if yes, what team? _____

League Desired: **T-Ball** Does your child request a **different** coach? No

Will parent be head coach for your child's team? No

Are you a Resident of Graham? No (Residents are defined as; property owner and/or living within the City Limits of Graham)

Child's T-Shirt Size: AS YXS may or may not be available, depending on shirt company

Graham Recreation and Parks Department does not give Refunds following the two weeks after the registration deadline ends.

Authorization and Release

I hereby give my permission, for the child named above, to participate and be involved in the City of Graham's Department of Recreation Youth T-Ball Program. By this authorization, I hereby approve of the program and accept the facilities, equipment, supervision and the instructor as being satisfactory for the above named person. I have been given the opportunity to inspect the premises and equipment and have talked with the instructor, or waive the right to do so. I hereby release the City of Graham and its employees from any and all damages on my behalf, which would or could be based on the qualification of the instructor and the adequacy of the supervision, facilities, or equipment used in the previously named program.

_____ _____
Parent/Legal Guardian Signature Date

T-BALL
4-5 Year Olds (MAY NOT BE 6)
Age as of August 1, 2014

Office Use Only:
Date:_____ Amount:_____ Cash/CH#:_____ Receipt#: _____Received by: _____ BC: _____

2014 Youth T-Ball

Parent Code of Conduct & Medical Information

- 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.
- I WILL DEMAND A DRUG-ALCOHOL-AND TOBACCO-FREE SPORTS ENVIRONMENT AND AGREE TO ASSIST BY REFRAINING FROM THEIR USE AT ALL YOUTH SPORTS EVENTS.
- I WILL REMEMBER THAT THE GAME IS FOR CHILDREN AND NOT FOR 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, OR ABILITY.
- I WILL PROMISE TO HELP MY CHILD ENJOY THE YOUTH SPORTS EXPERIENCE WITHIN MY PERSONAL CONSTRAINTS BY ASSISTING WITH COACHING, BEING A RESPECTFUL FAN, PROVIDING TRANSPORTATION, OR WHATEVER I AM CAPABLE OF CONTRIBUTING.
- I WILL STAY UNDER CONTROL AT ALL TIMES, NO MATTER THE SITUATION THAT MAY OCCUR AND UNDERSTAND THAT IF I ACT INAPROPRIATLY BY THE STANDARDS OF THE GRAHAM RECREATION DEPARTMENT I MAY BE REMOVED FROM THE FACILITY OF PLAY

MEDICAL RELEASE FORM

This is to certify that I, parent of _____, hereby grant permission to the adult coach or recreation staff to help obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release absolve, indemnify and agree to hold harmless: Graham Recreation & Parks Department or any sponsoring agent and any coach; the organizers, supervisors, participants, and person transporting the player to and from those activities for any claim arising out of an injury to the player.

SIGNED: _____ RELATIONSHIP: _____ DATE: _____

INSURANCE COMPANY: _____ POLICY NUMBER: _____

By signing this document, I understand and agree to all information above!

_____ _____ _____ _____
Parent/Legal Guardian Signature Date Parent/Legal Guardian Signature Date

Click on Print Button to Submit & Print

Clear Form