



# Mebane Recreation & Parks Department

## Youth Athletic Registration Permit

Mebane Arts and Community Center Phone Number: 919-563-3629

Residents: \$15, Non-Residents: \$40

Turn this form into the Mebane Arts and Community Center OR Register Online

[www.tinyurl.com/CityofMebaneRec](http://www.tinyurl.com/CityofMebaneRec)



You must sign up for an account on the Civic Rec Software & register and pay for your child on the site.

Child's Complete Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_\_ Age: \_\_\_\_\_ Favorite Athlete: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_ Home Phone :(\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Sport: \_\_\_\_\_

Are you interested in being a head coach? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Player Jersey Size: YS, YM, YL, AS, AM, AL, AXL

Are you a Resident of Mebane? \_\_\_\_\_ (Residents are defined as; living with in the City Limits of Mebane)

### Authorization and Release

I hereby give my permission, for the above-named child to participate and be involved in the City of Mebane's Department of Recreation and Parks youth athletic 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 Mebane 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

#### Office Use Only:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash/CH#: \_\_\_\_\_ Receipt#: \_\_\_\_\_ Received by: \_\_\_\_\_ BC: \_\_\_\_\_

# Youth Athletic

## Parent Code of Conduct

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
2. I will place the emotional and physical well-being of my child ahead of a personal desire to win.
3. I will insist that my child plays in a safe and healthy environment.
4. I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
5. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
6. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
7. I will remember that the game is for youth - not for adults.
8. I will do my very best to make youth sports fun for my child.
9. I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
10. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, gender, creed, or ability.

### 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: Mebane 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