

T-Ball Application

Non Competitive
4-and 5-year olds
(1st and or 2nd year to play)

Circle league playing in

Competitive
5-and 6-Year olds
(2nd and 3rd year to play)

Players Name: Please Print		
Date of Birth: ___/___/___	Male <input type="checkbox"/> Female <input type="checkbox"/>	School:
Age:	Grade:	
Parent/Guardian Name: Please Print (Required)		
Address:	City:	Zip:
Cell:	Text: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Primary phone:	Email Address:	
I will coach: Yes <input type="checkbox"/> No <input type="checkbox"/> Special Requests:		
<p>Player Shirt: YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL <input type="checkbox"/></p> <p>There is a \$5 discount for multiple players within a family household. That means the first child is \$25 and the rest of the children are \$20 each.</p> <p>PLAYER REGISTRATION FEE: <u> \$25 </u></p> <p>DISCOUNT FOR MULTIPLE PLAYERS: _____</p> <p>TOTAL FEE PAID: _____</p> <p><small>If paying by check make one check payable to the City of PV</small></p>		

PARENT CODE OF CONDUCT

- I will remember that youth sports are played for fun!
- I will be a role model for my team demonstrating how to treat players, parents, officials and coaches with respect at all times.
- I will demonstrate good sportsmanship regardless of the score by acting in a positive manner towards all players, officials, parents and coaches.
- I will show respect to all referees, officials or umpire and never act in a manner that would be disrespectful toward them.
- I will be an encouragement to all players on all teams regardless of the score.
- I will play my child's emotional and physical wellbeing ahead of my own personal desire to win.
- I will volunteer to help my Child's team by coaching, officiating, planning team parties, team pictures, and phone calls and/or any other needs.
- I will not use drugs, tobacco or alcohol at any Pauls Valley Youth League game or practice and will remind others not to do so.
- I will remember that the game is played for the youth and not for the adults.
- I will encourage my child to shake hands with the other team at the conclusion of all games.
- I will encourage my child to shake hands with the officials at the conclusion of all games.
- I understand that I and possibly by child will be suspended without warning from the league for any violation of the Parent's Code of Conduct by me, my spouse or any family member.

PRINT Parent/Guardian Name _____

Signature _____ **Date** _____

LIABILITY, MEDICAL AND EMERGENCY TREATMENT

Player Name _____ Age _____

Parent Name _____ Phone _____

Parent Name _____ Phone _____

Emergency Name _____ Phone _____

RELEASE OF LIABILITY

(Parent Name), _____, for himself/herself and for his/her spouse and for participant and other children hereby represents and agrees to the following:

(My Child), _____ has my permission to participate in the Pauls Valley Parks and Recreation Department activities. This acknowledges that we, the undersigned, parent(s) or legal guardians of said child, recognize the potentially hazardous nature of this activity, and that an injury might be sustained. The risk of injury to our child for the activities in this program is significant, including the potential for permanent disability and death. While particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist.

I/We release the right to all photographic material that the Pauls Valley Parks and Recreation Department might use for promotional activities without obligation to my family or me.

AUTHORIZATION FOR MEDICAL/EMERGENCY TREATMENT

I/We hereby authorize Dr. _____ or any physician, surgeon or dentist, or nearest emergency medical center to administer any emergency treatment, procedure or medicine necessary or advisable when accompanied by an adult.

I/We further authorize (Player Name) _____ to be given first aid and if necessary to be transported to the emergency room (or nearest emergency medical center). I/We also authorize officials at Pauls Valley Parks and Recreation Department to secure the use of an ambulance, if necessary, for transporting my child to the hospital and/or to administer first aid treatment as necessary. I/We request that this authorization remain in force as long as my child is engaged in any activity relating to the Pauls Valley Parks and Recreation Department unless notified in writing of any change by me.

I/We fully understand and agree to all of the conditions stated on the form.

PRINT Parent/Guardian Name _____

Signature _____ **Date** _____

SOCIAL MEDIA

These Guidelines apply to all participants within the Pauls Valley Youth Sports Program and its sports leagues that create or contribute to any type of Social Media, Examples, twitter, Facebook, Instagram, etc.

Our goal is to ensure participation in social media that involves PVYSP is conducted with respect and safeguards confidential information of our participants.

1. Postings should not disclose any information that is confidential or disclose information to individuals, volunteer parents or children.
2. Do not post negative comments or pictures regarding any aspect of Youth Sports. This includes but it not limited to coaching, officiating, parents, staff or participants.
3. Comments that are posted that can be construed as harassment or bullying will not be tolerated.

Failure to comply with guidelines may result in removal from the Pauls Valley Youth Sports Program. All concerns regarding any aspect of the Youth Sports Program should be immediately brought to the attention of the Youth Sports Coordinator (Mike Arie) or the Youth Board members. Removal will be determined by the Coordinator and the board.

PRINT Parent/Guardian Name _____

Signature _____ **Date** _____