



# Athletic Emergency Form

**Season:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Participant Name	Gender	Birthdate

Address:		
City:	State:	Zip Code:

**Please check program you are currently registering for:**

- T-Ball
- Feeder Basketball
- Girls Softball League
- Flag Football
- Youth Volleyball
- Youth Basketball
- Girls Travel Softball

**Parent/Guardian Information**

<b>Mother/Guardian 1 Information</b>	Name:	
Primary Phone:	Secondary Phone:	
Email:	<input type="checkbox"/> Check box if authorized to pick up child	

<b>Father/Guardian 2 Information</b>	Name:	
Primary Phone:	Secondary Phone:	
Email:	<input type="checkbox"/> Check box if authorized to pick up child	

**Emergency Contact**

Emergency Contacts must be persons other than parents/guardians listed above

Name:	Relationship to Child:
Primary Phone:	Secondary Phone:

Name:	Relationship to Child:
Primary Phone:	Secondary Phone:

Name:	Relationship to Child:
Primary Phone:	Secondary Phone:

**Authorized Pickup Information**

I give permission to the Grayslake Park District to release my child to the persons listed below.

Name:	Relationship to Child:	Phone:
Name:	Relationship to Child:	Phone:
Name:	Relationship to Child:	Phone:

## Medical & Health History

Please check all that apply. Include specifics where applicable.

Illnesses	Allergies – include specifics	Others/Special Needs
<input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Seizures* Please use space below to specify type and frequency of the seizures:           <input type="checkbox"/> Other* Please use the space below to specify:	<input type="checkbox"/> Insect Bites/Stings <input type="checkbox"/> Pollen <input type="checkbox"/> Latex <input type="checkbox"/> Medicines/Drugs <input type="checkbox"/> Nuts <input type="checkbox"/> Milk <input type="checkbox"/> Food (specifics) <input type="checkbox"/> Other  Please explain type of allergy and severity of reaction:           <hr/> <b>Severe Allergies</b> Does your child require an: <input type="checkbox"/> EpiPen <input type="checkbox"/> Inhaler  <b>If yes:</b> <ol style="list-style-type: none"> <li>1. Parent/Guardian <b>must</b> fill out the <i>Allergy Action Plan Form</i></li> <li>2. Parent/Guardian <b>must</b> supply the Grayslake Park District with the required medication.</li> </ol>	<input type="checkbox"/> Wears Contacts/Glasses <input type="checkbox"/> Fainting <input type="checkbox"/> Ear Problems/Tubes <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Emotional Behaviors <input type="checkbox"/> ADD/ADHD <ul style="list-style-type: none"> <li><input type="checkbox"/> Medicated</li> <li><input type="checkbox"/> Non-Medicated</li> </ul> <input type="checkbox"/> Nose Bleeds  Will your child be taking medication during this program? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes:</b> <ol style="list-style-type: none"> <li>1. Parent/Guardian <b>must</b> complete the <i>Permission to Dispense Medication Form &amp; Waiver</i>.</li> <li>2. Parent/Guardian <b>must</b> supply the Grayslake Park District with the required medication.</li> </ol>

Are there any special family circumstances we should be aware of (i.e. divorce, recent move, etc.)?

**I have read and understand the Athletic Program Parent Handbook and agree to the Grayslake Park Districts Code of Conduct listed in the handbook.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent/Guardian Signature: _____	Date: _____
------------------------------	-----------------------------	----------------------------------	-------------

I give my permission for my child to receive necessary health care and emergency medical treatment. This Athletic Emergency Form is complete and accurate. I will not allow my child to attend if they become exposed to any contagious disease, or if for any reason, I do not consider my child to be in good physical condition.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Grayslake Community Park District Youth Sports Code of Ethics Policy



## **Player's Code of Ethics:**

I hereby pledge to be positive about my youth sports experiences and accept responsibility for my participation:

### **I will...**

- ...encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- ...attend every practice and game that I can, and will notify my coach if I cannot.
- ...do my very best to listen and learn from my coaches.
- ...treat my coaches, other players, officials and fans with respect regardless of race, sex, creed or abilities and I will expect to be treated accordingly.
- ...encourage my parents to be involved with my team in some capacity because it is important to me.
- ...do my very best in school.
- ...remember that sports participation is an opportunity to learn and have fun.

### **I deserve...**

- ...to have fun during my sports experience and will alert parents or coaches if it stops being fun.
- ...to play in an environment that is free from drugs, tobacco and alcohol and to expect adults to refrain from their use at all youth sports events.

**I understand that failure to comply with this policy may lead to disciplinary action being taken against me-such disciplinary action may include suspensions or expulsion from the program, with no refund of program fees.**

## **Parent's Code of Ethics:**

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports:

### **I will...**

- ...encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports events.
- ...place the emotional well-being of my child ahead of my personal desire to win.
- ...insist that my child play in a safe and healthy environment.
- ...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.
- ...support coaches and officials working with my child, in order to encourage a positive, enjoyable experience for all.
- ...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.
- ...remember that the game is for youth, not adults.
- ...do my best to make youth sports fun for my child.
- ...ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- ...promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, or whatever I am capable of doing.
- ...be responsible for the behavior of the other members of my family and of any guests we may invite to a game.

**I understand that failure to comply with this policy may lead to disciplinary action being taken against me, family members, guests and/or my child - such disciplinary action may include suspensions or expulsion from the program with no refund of program fees.**

**We have read, understand and accept the above Code of Ethics Policy and agree to maintain the highest level of ethics and sportsmanship towards players, officials, opponents, coaches and administrators.**

Player: \_\_\_\_\_

Date: \_\_\_\_\_

Parents: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Program \_\_\_\_\_

Level \_\_\_\_\_

Coach \_\_\_\_\_

# GRAYSLAKE PARK DISTRICT

## BASKETBALL PROGRAM WAIVER & RELEASE

The Grayslake Community Park District is committed to conducting its recreation programs and activities in a safe manner, and holds the safety of participants in high regard. The Grayslake Park District continually strives to reduce risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational programs/activities.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

### **WARNING OF RISK**

Basketball is intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury. All hazards and dangers cannot be foreseen. Certain risks include, but are not limited to: collisions between players and stationary objects, inability to stop one's momentum and encountering off-court dangers/hazards, unnecessary roughness (elbowing, hipchecks, undercutting other players in the air, tripping and shoving), slips and falls, attempting a maneuver beyond the player's skill level (i.e. a dunk), poor officiating, improper personal protective equipment, slippery floors, inadequate or unsafe playing conditions, failure in supervision, unsportsmanlike conduct, dangerous/defective court conditions, and all other circumstances inherent to the sport of basketball. In this regard, it is impossible for the Grayslake Community Park District to guarantee absolute safety.

### **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss, which you or your minor child/ward might sustain as a result of participating in and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward, or I, may sustain as a result of said participation. I further agree to waive and relinquish all claims I, or my minor child/ward, may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Grayslake Community Park District, including its officials, agents, volunteers and employees.

**I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online or via fax, my online or facsimile signature shall substitute for and have the same legal effect as an original form signature.**

PRINT Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE (if participant is under 18 years of age)**

**PARTICIPATION WILL BE DENIED**

**If the signature of adult participant or parent/guardian and date are not on this waiver.**