

**SHELBY PARKS & RECREATION DEPARTMENT**  
**BASKETBALL PLAYER REGISTRATION FORM**

**OFFICE USE ONLY**

Age: \_\_\_\_\_

League: \_\_\_\_\_ Team: \_\_\_\_\_ (Put NEW if 1<sup>st</sup> year)

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**PLAYER INFORMATION:**

Player: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Name child goes by)

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**\*\*\* T-SHIRT SIZE: YS YM YL AS AM AL AXL AXXL \*\*\***

**PARENTAL AUTHORIZATION**

I, parent, or guardian, of the above-named candidate for a for a position on a Softball team; give my approval for participation in all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation (if necessary). I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local league organization, supervisors, participants and/or persons transporting him/her to and from activities. For any claim arising out of any injury to him/her except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic if he/she becomes ill or injured while participating in league activities away from home or any other time when neither parent/guardian is available to grant authorization for emergency treatment.

PARENT OR GUARDIAN: \_\_\_\_\_

RELATIONSHIP TO PLAYER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*There will be no Refunds\***

Mission Statement

To provide a variety of quality leisure services in a clean, safe, environment for citizens for all ages.

**PARENT CODE OF ETHICS**

**I HEREBY PLEDGE TO PROVIDE POSITIVE SUPPORT, CARE AND ENCOURAGEMENT FOR MY CHILD PARTICIPATING IN YOUR SPORT BY FOLLOWING THIS CODE OF ETHICS.**

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials during youth sports events.
- I will place the emotional and physical wellbeing 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 a positive, 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 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, creed, 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 can do.
- I will require that my child’s coach agrees to the youth sports Coaches Code of Ethics.
- Note: All parents will be held accountable for their actions at all athletic events. If parents do not abide by this “Parent Code of Ethics”, they will be asked to leave the premises immediately, and further action may be taken.
- Note: This “Parent Code of Ethics” must be upheld by all the child’s family members of guardians.

**I HAVE READ AND UNDERSTAND THE SHELBY PARKS & RECREATION DEPT. PARENT/GUARDIAN INFORMATION SUMMARY SHEET.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CHILD’S NAME** \_\_\_\_\_ **ACTIVITY** \_\_\_\_\_

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