CITY OF LAS VEGAS RECREATION DEPARTMENT ABE MONTOYA RECREATION CENTER

2019 YOUTH BASKETBALL LEAGUE REGISTRATION FORM

BOYS 3rd/4th GRADE—5th/6th/7th GRADE

(PHYSICALS REQUIRED 3RD - 7TH BOYS ONLY)

COED (boys/girls) 1st/2nd GRADE

FEE: $40.00

PLEASE PRINT

CHILDS NAME: _____ **GRADE:** _____

ADDRESS: _____ **CITY:** _____ **STATE/ZIP:** _____

AGE: _____ **DATE OF BIRTH:** _____ **EMAIL:** _____

MOTHERS NAME: _____ **PRIMARY CELL PHONE :** _____

(unless otherwise noted, mother's cell phone will be primary number for coaches to contact)

FATHERS NAME: _____ **CELL PHONE:** _____

Emergency contact: _____ **Relationship:** _____

Phone #: _____

OUT OF TOWN TEAM: _____ ***COACH:*** _____

FOR OFFICIAL USE

FEE: $40.00

BOYS 3rd to 7th grade Division: _____ **1st/2nd grade Coed Division:** _____

AMOUNT PAID: $_____ PAYMENT TYPE: (check/cash) CK #: _____ OTHER: _____

CLERK SIGNATURE: _____ DATE: _____

ALL RECEIPT'S MUST BE ATTACHED TO THIS FORM AND PARTICIPANTS NAME/NAMES MUST BE ON RECEIPT (multiple children - make multiple receipts)

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PARENT SIGNATURE: _____

RELEASE OF LIABILITY FORM

I, _____ do hereby agree to release, hold harmless, and give up any claim against the City of Las Vegas, its agents, employees, volunteers, and/or representatives. This includes any problems that may arise in the future, including damages on account of bodily injury or property damages arising in any manner out of participation in this recreation program.

I/we understand that the recreation department and the City of Las Vegas reserves the right to discontinue service at any time to any participant and/or parent in the event that they use inappropriate language, display negative behavior, create a negative environment, and/or display unsportsmanlike conduct at practices and/or games

MY CHILD AND I WILL ABIDE BY ALL RULES AND REGULATIONS AND I WILL ABIDE BY PARENTS CODE OF ETHICS.

I/we understand that should any injury occur during participation in this recreation program, the City of Las Vegas, its agents, employees, volunteers, and/or representatives will not be held responsible. I/we understand that by signing this form, all legal rights to hold the City of Las Vegas or its agents, representatives and staff responsible are waived.

If the participant has any **Special Needs**, or requires any special services, I/we shall inform the recreation department, in writing, of such Special Need or request of special services.

Parent/Guardian Signature_____

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JERSEY ISSUE AND RETURN

(Kinder/1st grade are issued t-shirts that they keep)

I/we understand that should any equipment/uniforms issued be lost or damaged during the season or not returned at the conclusion of the season, I/we will be held responsible for full payment as follows:

Jersey $30.00

Parent/Guardian Signature _____

REFUND POLICY

I will abide by the current Abe Montoya Recreation Center refund policy for sports programs.

Amount of refund will depend on the refund policy guidelines. A letter explaining reason for refund and refund authorization request form must be filled out and submitted to Recreation office.

Parent/Guardian Signature: _____

MEDICAL HISTORY

FACTS CONCERNING CHILD'S MEDICAL HISTORY THAT MAY NOT BE INCLUDED IN PHYSICAL. All information obtained is considered confidential, except to medical provider and/or coach if need to know is required.

A SPORTS PHYSICAL IS REQUIRED TO PLAY THIS SPORT (3rd - 7th grade only)

_____ ASTHMA _____ INHALER

_____DIABETES

_____HEART PROBLEMS

_____BLEEDING DISORDERS

_____EMOTIONAL PROBLEMS

_____MENINGITIS

_____HEPATITIS

_____TETANUS (DATE) _____

_____MUSCULAR WEAKNESS

_____SEIZURES

_____EAR PROBLEMS

_____INFECTIOUS DISEASES

_____ALLERGIES (TYPE) _____

_____HIGH BLOOD PRESSURE

Hospitalized for any serious illness, surgery, or accidents that would affect playing in sports program? Please explain:

_____

_____**LONG TERM MEDICATION (LIST):**

_____

Please add any additional information you wish staff, and coaches to know about your child:

_____

Parent/Guardian Signature: _____

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EMERGENCY MEDICAL AUTHORIZATION FORM

PURPOSE: To enable parents/guardians to AUTHORIZE emergency treatment for children who become ill or injured while under the program authority when parents are not available, or cannot be contacted.

GRANTING CONSENT: I understand every effort will be made to contact me, however, in case of emergency involving my child where I cannot be reached, I hereby give my consent to transport my child to the following medical care providers, I give any reasonable and customary medical and health care of my child deemed necessary. In case the listed medical care providers cannot be reached, I authorize appropriate medical care for my child to the listed provider, hospital, and or medical facility. This authorization does not cover any major surgery unless one other doctor/dentist concurs. Nothing in this section shall be constructed to impose liability on any city official, city employee or volunteer whom in good faith, attempts to comply with this section.

It is understood that I will be financially responsible for all emergency care.

Medical insurance provider _____ Group #: _____ Policy#: _____

Parents Code of Ethics
Take the Sports Parent Pledge

I pledge to promote positivity in youth sports and act as a role model to my child, as well as other participants and sports parents I meet. I will serve as an advocate for good sportsmanship and to keep fun and learning at the center of the youth sports experience. I will try to improve upon my youth sports knowledge so that I can be an informative leader in the youth sports community.

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 events

I will refrain from negative comments, negative cheering and avoid creating a negative environment at practices and/or games; I will learn the rules of the league

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 to include expecting and encouraging positive behavior from volunteer coaches

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

_____ _____ _____

Print name Signature Date

I understand the Parents Code of Ethics and if for any reason I violate any of the above mentioned ethics, use inappropriate language, display negative behavior, create a negative environment, and/or display unsportsmanlike conduct I acknowledge that I may be warned, and/or asked to leave the game area, the gym and depending on infraction removed from program . I also understand that I am responsible for the family and friends that support my child by attending games. I have informed them to help create a positive environment and any negative behavior has consequences .

_____ _____ _____

Print name Signature Date

Primary dentist _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

CITY OF LAS VEGAS ABE MONTOYA RECREATION CENTER

YOUTH SPORTS PROGRAMS

PHYSICAL FORM

SPORTS PROGRAM: YOUTH BASKETBALL

3rd - 7th grade only

CHILDS NAME: _____AGE: ____ GRADE: _____

HEAD: _____ CHEST: _____ HEART: _____

ABDOMEN: _____ EXTREMITIES: _____

WEIGHT: _____ HEIGHT: _____

BLOOD PRESSURE: _____ VISION: _____

PHYSICIANS NAME: _____

PHYSICIANS SIGNATURE: _____

DATE: _____

CITY OF LAS VEGAS RECREATION DEPT
YOUTH BASKETBALL LEAGUE

Coaches meeting: Oct. 3, 2019
6pm - Recreation Center Classroom

PLAYER EVALUATIONS

AT ABE MONTOYA RECRECATION CENTER GYM

BOYS 3RD - 7TH GRADE ONLY

THURSDAY

OCTOBER 10, 2019

5:30PM - 3RD/4TH

6:30PM - 5TH/6TH/7TH

MANDATORY ATTENDANCE!

WEAR COMFORTABLE CLOTHING SUCH AS GYM SHORTS,

WARMUPS AND MUST WEAR PROPER GYM SHOES

Note to parents: Please have proper *gym shoes* available for practice and games
Carry in gym shoes and change before practices and games if possible
Regular shoes bring in dirt, rocks and may scuff up floor

FOR MORE INFORMATION CONTACT

RECREATION DEPARTMENT STAFF

RECREATION CENTER - 426-1739