



MARYLAND CITY RECREATION COUNCIL YOUTH SPORTS

P.O. Box 1351 Laurel, Maryland 20725

<http://www.leaguelineup.com/mcmustangs>

MUSTANGS

Date: ___/___/___

REGISTRATION

SPORT: (CHECK ONE)

Baseball ? Softball ? Basketball ? Cheerleading ? Football ? Soccer ?

PLAYER'S INFORMATION: Years in this sport: _____ Birth date: _____ Sex: _____ Height: _____

Last: _____ First: _____ Mi.: _____ Weight: _____

INSURANCE COMPANY _____ POLICY NUMBER _____

PHYSICIAN _____ PHONE (____) _____

ALLERGIES AND OTHER MEDICAL HISTORY _____

PLAYER'S ADDRESS:

Street: _____ City: _____

*County: _____ Zip: _____ *Phones: (____) _____ (____) _____

MOTHER'S NAME:

Last: _____ First: _____ Occupation: _____

FATHER'S NAME:

Last: _____ First: _____ Occupation: _____

GUARDIAN:

Last: _____ First: _____ Occupation: _____

OTHER ADDRESS:

Street: _____ City: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: (OTHER THAN PARENT/GUARDIAN)

Last: _____ First: _____ Phone: _____

SPECIAL REQUESTS: _____

Number of children enrolled this season (circle one): **One, Two, Three, Four, Five, Six**

\$ _____ Fees paid on other child's form, name of other child (ren): _____

\$ _____ Registration Fee

\$ _____ F.I.P. Fee (Family Involvement Plan), What: _____

\$ _____ Late Fee

\$ _____ Other Fees Explain: _____

\$ _____ **TOTAL paid by: CASH?** **CHECK?** (# _____)

FOR M.C.R.C. TO PROVIDE YOUR CHILD WITH A TRULY SUCCESSFUL SPORTS PROGRAM REQUIRES HELP FROM YOU THE PARENTS, BOTH ON AND OFF THE FIELD OR GYM. THIS IS A VOLUNTEER COMMUNITY ORGANIZATION THAT RECEIVES NO ASSISTANCE FROM THE COUNTY OR SCHOOL SYSTEM.

CHOOSE HOW YOU WILL HELP: (CIRCLE AT LEAST ONE)

COACH or ASSISTANT – TEAM PARENT – SNACK SHACK – REFEREE – FIELD MAINTENANCE

Or write in your special skill or contribution: _____

I hereby waive my right to have MCCA or MCRC furnish insurance for accidental injuries sustained by my child as a result of participating in a sporting event authorized and supervised by the MCRC, their coaches, agents, or representatives. I further understand that any accidental injuries sustained by my child will be my sole responsibility, and I should look to my own insurance coverage (if any). My signature authorizes the administration of first aid.
Also: I have read and will obey the Parents Code of Ethics.

SIGNATURE (PARENT / GUARDIAN): _____ DATE: _____

PARENT'S CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' 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 event.

I will place the emotional and physical well being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.

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.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

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.

I will remember that the game is for youth - not 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 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.

I will read the National Standards For Youth Sports and do what I can to help all youth sports organizations implement and enforce them.