

CK # \_\_\_\_\_

CASH \_\_\_\_\_

SUWANNEE VALLEY LEAGUES INC.  
YOUTH REGISTRATION FORM  
BASKETBALL

PLAYER'S NAME : \_\_\_\_\_ MALE : \_\_\_\_\_ FEMALE : \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

HOME PHONE # : \_\_\_\_\_ CELL # : \_\_\_\_\_ WORK : \_\_\_\_\_

E-MAIL ADDRESS : \_\_\_\_\_

PLAYER'S D.O.B. : \_\_\_\_\_ RECEIPT OF COPY OF BIRTH CERTIFICATE : YES \_\_\_\_\_ NO \_\_\_\_\_

SHIRT SIZE : YXS \_\_\_\_\_ YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_ AXXL \_\_\_\_\_

WAIST SIZE : YXS \_\_\_\_\_ YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_ AXXL \_\_\_\_\_

**A UNIFORM WILL NOT BE PURCHASED UNTIL SIGN-UP FEE HAS BEEN PAID AND BIRTH CERT. RECEIVED**

WILL YOU FIND A SPONSOR FOR YOUR TEAM (\$300.00)? YES \_\_\_\_\_ NO \_\_\_\_\_

WILL YOU COACH YOUR CHILD'S TEAM? HEAD COACH \_\_\_\_\_ ASS'T COACH \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

**PRESS RELEASE AUTHORIZATION :** BY MY SIGNATURE BELOW, I AM THE LEGAL PARENT / GUARDIAN OF THE PLAYER NAMED AT THE TOP OF THIS FORM. I AUTHORIZE HIS / HER NAME AND OR PHOTO TO BE PUBLISHED IN THE MEDIA AS DEEMED APPROPRIATE BY THE S.V.L. INC. BOARD MEMBERS.

**MEDICAL TREATMENT INFORMATION :**

BY MY SIGNATURE BELOW, I AM THE LEGAL PARENT / GUARDIAN OF THE PLAYER NAMED AT THE TOP OF THIS FORM. I TAKE RESPONSIBILITY FOR THE CLAIMS HERETOFORE OR HEREAFTER ARISING KNOWN OR UNKNOWN, FROM THE PLAYER'S PARTICIPATION IN THE PROGRAMS OF S.V.L. INC. / G.C.R.A. INC. I KNOWINGLY, VOLUNTARILY AND EXPRESSLY RELEASE THE VOLUNTEERS CONDUCTING THE PROGRAMS AND S.V.L. INC. / G.C.R.A. INC. FROM ALL LIABILITY ON CLAIMS ARISING ON SUCH MATTERS. I FURTHER AUTHORIZE ANY PHYSICIAN, HOSPITAL, OR DENTIST TO PROVIDE ANY EXAMINATION AND / OR TREATMENT FOR THE ABOVE NAMED PLAYER. I WILL BE RESPONSIBLE FOR ALL THE REASONABLE EXPENSES INCURRED FOR SUCH TREATMENT OR MEDICAL CARE BEYOND THE INSURANCE PROVIDED BY S.V.L. INC. / G.C.R.A. INC.

MEDICAL CONDITIONS OR ALLERGIES: \_\_\_\_\_

PHYSICIAN : \_\_\_\_\_ PHONE # : \_\_\_\_\_

MEDICAL INSURANCE COMPANY'S NAME : \_\_\_\_\_

PROVIDER'S ADDRESS : \_\_\_\_\_

POLICY # : \_\_\_\_\_ EXPIRATION DATE : \_\_\_\_\_

PARENT / GUARDIAN NAME PRINTED : \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

**(OVER)**  
**PARENTS' / GUARDIANS' CODE OF ETHICS MUST BE SIGNED**

# **PARENTS'/ GUARDIANS' CODE OF ETHICS**

**I HEREBY PLEDGE TO PROVIDE POSITIVE SUPPORT, CARE AND ENCOURAGEMENT FOR ALL CHILDREN 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 YOUTH SPORTING EVENT.**

**I WILL PLACE THE EMOTIONAL AND PHYSICAL WELL-BEING OF ALL CHILDREN 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, TOBACCO AND PROFANITY "FREE" SPORTS ENVIRONMENT FOR MY CHILD AND AGREE TO ASSIST BY REFRAINING FROM THEIR USE AT ALL YOUTH SPORTING 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 ALL CHILDREN.**

**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 AM CAPABLE OF DOING.**

\_\_\_\_\_  
PARENT'S/ GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S/ GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

**REMEMBER : YOUR SUPPORT OF S.V.L. SUPPORTS YOUR CHILDREN.  
TOGETHER, WE'LL MAKE ALL OF OUR CHILDREN BETTER.**