

# Clarksville City Recreation Sport Registration Form

The Clarksville City Recreation programs focus on teaching the fundamentals, teamwork, and sportsmanship. Please fill out the registration form and Code of Conduct below. We request that parents and siblings, if possible, drop off their child and return at the end of practice time.

## Participant Information

Name \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Home Ph# \_\_\_\_\_ Grade completed \_\_\_\_\_ E-mail address \_\_\_\_\_  
Sport to register for \_\_\_\_\_

I give the Clarksville City Recreation Program permission to display photos taken of my child during the activities my child participates in for publicity of the Program. (Circle) YES NO

Does your child have any medical conditions, medical history, allergies, or behaviors that we need to know about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Parent or Guardian Information

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

## **Emergency Contact Information** (if different from above)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

I give my permission for the child listed above to participate in the Clarksville City Recreation Program. In case of an emergency, I give my permission for my child to be treated or hospitalized at the nearest emergency medical facility by the health care provider or physician selected by the instructor as required by the injury or emergency setting. Every effort to contact me will be made as soon as possible. I waive, as the parent, guardian, or custodial agent, any claim of liability I or my child may have against the Clarksville City Recreation Program, its volunteers, and the City of Clarksville, in regard to any injury or damage that may occur while my child is attending or participating in this activity except for gross misconduct negligence.

**Parent or Legal Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Clarksville City Recreation CODE OF CONDUCT

As a parent I agree with the code of conduct listed below for my child while he/she is participating in a Clarksville City Recreation program. I agree to support my child and the team in a positive manner. As a participant of the Clarksville City Recreation program I agree to follow the Code of Conduct.

1. I will show respect to all adults, including but not limited to officials, parents, coaches, players and staff members.
2. I will maintain self-control at all times.
3. I will follow the rules of the game.
4. I will respect the coach's decisions and/or requests, and do my best to listen and learn.
5. I will show respect and will encourage all participants.
6. I will not use profanity and/or engage in inappropriate behavior while participating in City Rec activities.
7. I will not participate in any activity or talk that is disrespectful or a "put down" towards any other participants or staff.
8. I will wholeheartedly cheer in a positive manner for all players, regardless of which team they represent and display good sportsmanship.

### Violations of the Code of Conduct

First Offense – Verbal warning by coach

Second Offense – parent and child meet with City Rec committee and suspension of a practice or game.

Third Offense – off the team for the season

Player \_\_\_\_\_  
(Print name) (Signature)

Parent/Relative \_\_\_\_\_  
(Print name) (Signature)

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

Coach: \_\_\_\_\_  
(Print name) (Signature)

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