

City of Livingston Recreation Department Release and Permission to
Participate in Youth: BASKETBALL
 Please note that team request will not be guaranteed in any division



Division: _____
Height Chart: _____
Birth Cert. on file: Y N

NO REQUESTS WILL BE ACCEPTED UNLESS PLAYERS ARE SIBLINGS IN SAME DIVISION. I ALSO UNDERSTAND THAT IF MY CHILD DOES NOT ATTEND THE SKILLS ASSESSMENT THEY WILL NOT BE ABLE TO PLAY IN THE LEAGUE. INITIAL DATE

Participant's Name	DOB	Age Today	Have you attended a Parent meeting	Grade	Male or Female	Years played	Shirt Size Be sure to list Adult or Youth
			YES / NO				

Name of Parent or Legal Guardian (nombre) _____
 Address (dirección) _____ APT # _____
 City (ciudad) _____ Zip-code _____ Email _____
 Phone Number (numero de teléfono) _____ Cell Number _____ Wk _____
 Mailing Address: (dirección de envío)(if different then above): _____
 In the event that parents cannot be reached, please list a relative/friend to be notified in case of an emergency:
 Emergency Contact (contacto de emergencia): Name:(nombré) _____
 Home Telephone: numero de teléfono _____ Work Telephone: _____
 Family Physician (oficina de medico): _____ Physician's Telephone: (medico telefono) _____
 * List any special instructions, all allergies, immunizations, medications regularly taken, or any medical conditions, etc (liste alergias) _____
 Do you need an accommodation/ if so explain: _____

Authorization Consent to Medical, Surgical, Hospital and Dental Care to Minor:

I am a parent or person having legal custody or the legal guardian of the above participant, and I give permission for the child to participate in Livingston Recreation Program. In consideration of the child being permitted to participate in the above Recreation activity, I with the intent of binding myself, my spouse(if any), and my heirs, legal representatives, and assigns, release and discharge the Recreation program sponsors, from all injuries or damages, suffered by the child while participation in the Recreation Activity. I understand that in signing this release, I do not exempt or release the City, its council persons, employees, agents, assigns or the Recreation program sponsors from responsibility for any fraud, willful injury or willful or negligent violation of the law committed by any such persons. I further understand that: "The City of Livingston **does not have or provide medical or accident insurance** for persons involved in programs sponsored by the Parks, Recreation and Community Services Department." **I also understand that once uniforms have been ordered there are NO REFUNDS. I also understand that it is my responsibility to contact my child's coach if I do not hear from him or her several days after the team posting.**

The UNDERSIGNED, who is a parent or person having legal custody or the legal guardian of the above-named child, hereby authorizes any adult employee of the City of Livingston Recreation Department, into whose care the child has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the child under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the child by a dentist licensed under the provisions of the Dental Practice Act. It is understood that the City of Livingston neither assumes nor admits to any liability for payment of any medical or related services, including ambulance fees, rendered pursuant to this authorization. This authorization is given to consideration of participation of the named child in a program or programs conducted by the City of Livingston.

Please Print Name: _____

Signed Parent/Legal Guardian :(firma) _____ **Date:** _____

Note to Parents: The purpose of this form is to authorize adult employees of the City of Livingston to obtain medical, surgical or dental aid for your child should the need arise. The authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. **Aviso para los Padres:** El propósito de esta forma es de autorizar a los empleados adultos de la Ciudad de Livingston a obtener ayuda médica, quirúrgica o dental para su niño(a) si surge la necesidad. La autorización es dada conforme a las provisiones de la Sección 25:8 del Código Civil de California.

If interested in Coaching OR sponsoring a Team – Please check **SPONSOR:** ____ / Business Name: _____

COACH: _____ **ASST. COACH:** _____ (Need to fill out coach Application and finger printing is required by State) *No cost*

PARENT CODE OF ETHICS

- Hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Ethics Pledge.
- 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 a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- 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 of 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 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 promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching, or providing transportation.
- 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 read the league rules and philosophy and do what I can to help all youth sports organizations implement and enforce them.

Addressing Unsafe Behavior for Players:

If unsafe/unacceptable behavior is displayed by your child, the child will receive up to 3 warnings and then will be dropped from the program.

If a child demonstrates **excessive, dangerous** behavior, the parent or emergency contact must be available to pick the child up, immediately.

A conference is required **prior** to the child returning to the program (see Student Endangerment policy).

Player Endangerment Policy

The Recreation Superintendent or designee may suspend any player if it is determined that an unsafe situation for players, volunteers or staff exists. An unsafe situation means a condition determined to constitute a threat to the health, safety, and well-being of children and/or the **Livingston Recreation** personnel.

Parent Name, (please print) _____

Signature _____ Date _____