

PAXTON ATHLETIC ASSOCIATION

Football/Cheerleading Registration Form

Identification Number

Please Print Clearly and Fill Out Form Completely

Child is registering for (check one): <input type="checkbox"/> Football <input type="checkbox"/> Cheerleading			PAXTON USE ONLY <input type="checkbox"/> Smurf <input type="checkbox"/> Pewee <input type="checkbox"/> Pony <input type="checkbox"/> Midget <input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____ Amount \$ _____
Child's Last Name		Child's First Name	
Child's Age on April 30 th of this year		Child's Birth Date	
Street Address			
City	Zip	Township/Borough	
Home Phone	Email Address		
Years of Paxton Experience - Check One 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6+ <input type="checkbox"/>			
School Enrolled Fall 2011	Grade _____ Fall 2011	Player's Height	Player's Weight
Father's Last Name	First Name	Phone	Email
Mother's Last Name	First Name	Phone	Email

PLEASE INDICATE HOW YOU CAN HELP THIS YEAR

- | | |
|---|--|
| <input type="checkbox"/> Team parent (football/cheer) | <input type="checkbox"/> Game field set-up |
| <input type="checkbox"/> Game field tear-down | <input type="checkbox"/> Game day announcer / DJ |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Concession or 50/50 Sales |
| <input type="checkbox"/> Game day Gate Keeper | <input type="checkbox"/> Game day weigh master |

I do give consent for treatment of the child named above in any case of my unavailability, should any emergency need, medical or surgical, arise for my child during the season. Should a specialist's advise or services be required, please list preference:

Hospital Preference	Tetanus Injection(Date)
Family Doctor	Phone
Emergency Contact	Phone
Health Insurance Company Name	Policy Number
	Group Number
Please list allergies, especially to any food, fluid, or medicines	List Medical Conditions we should be aware of
Does your child wear contacts?	List medications your child is currently taking

I, the parent or guardian of the child named above, hereby give consent and approval for my child to participate in all of the activities required during the season. I do assume all the risks and hazards incidental to the conduct of the activities, transportation if necessary to and from the activities, and I do hereby release, absolve, indemnify and hold harmless, the PAXTON ATHLETIC ASSOCIATION (the Association), the organizers and sponsors and hereby waive all claims against the organizers and sponsors or any of the supervisors appointed by them.

I hereby attest that I carry insurance and fully agree that any injuries incurred by the player during these activities will be charged to this Insurance. I understand that the Association does carry excess insurance which will, within the limits of such policy, pay any medical, dental, and/or hospital expenses not paid by my insurance, provided such injury is reported to the Association within forty-eight (48) hours of such injury.

I understand that each player may be required to undergo a physical examination prior to entry into some activities. If such physical is required, the Association will furnish the necessary forms, but the cost of such examinations will be borne by me, the parent/guardian.

Furthermore, I hereby agree, by my signature below, to be responsible for any equipment signed out by the player. I agree to return to the Association, at the request of the Head Coach or upon resignation of the athlete, all equipment signed out. This equipment will be cleaned and in at least the same condition as when issued, minus normal wear and tear. I further agree to reimburse the Association for any equipment lost, destroyed or damaged and to reimburse the Association for any required cleaning services.

I understand that there will be, in some activities, additional equipment needed by the player that is not furnished by the Association. Shoes, socks, athletic supporters, mouthpieces, etc., are some of the items that may be required and will be my responsibility. Some of these items may be available through the Association at a reduced cost.

To all the above I formally agree and give my full consent and approval to this child to participate in all the Association activities.

Signature of Parent/Guardian _____ **Date:** _____

2011 Registration Fees:

General registration fee → \$95.00 per child (\$60.00 for second, \$215.00 for 3+ in the same family with same address)

2011 Fundraisers:

Please note that families have a choice of participating in a Fund-raiser OR doing a buy-out. The buy-out is \$35.00 for a single player and \$50.00 for a family. The choice of whether to participate in the buy-out must be indicated in the selection above AND must be indicated when making your registration payment (below).

- I agree to participate in the 2011 Paxton Panthers Fundraising effort.
- By opting not to participate in the 2011 Paxton Panther Fundraising, I agree to pay \$35.00 for a single registration or \$50.00 for my family.

Photo Release for Children Under 18 Years of Age

I hereby grant to the Paxton Athletic Association to use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Parent/Guardian Signature:

Participant's Name:

Parent's Code of Conduct

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by agreeing to follow this Parent's Code of Conduct:

1. I and will be positive role models for my child and encourage sportsmanship by showing respect and courtesy to all officials, coaches and spectators at every game, practice or PAA event and by demonstrating positive support for all the players.
2. I will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent, such as booing, taunting, refusing to shake hands or using profane language or gestures.
3. I will not encourage any behavior or practices that would endanger the health and well being of the athletes.
4. I will demand that my child treat other officials, coaches, players, and spectators with respect, regardless of ability, race, religion, creed, gender, age or any other status.
5. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of the game or his or her performance.
6. I will praise my child for competing fairly and trying hard and will make my child feel like a winner every time.
7. I will never ridicule or yell at my child or other participants or coaches for making a mistake or losing a competition or game.
8. I will respect the officials and their authority during games and will never question, discuss, or confront them at the game field. Instead I will make time to speak with the coaches at an agreed upon time and place after the game to discuss such matters.
9. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all sporting events.
10. I will refrain from coaching my child or other players during the games and practices, unless I am one of the official coaches of the team.
11. Parents as well as children will maintain a positive attitude towards one another, coaching staff, referees and opponents. At no time will negativity be permitted.
12. **I understand that failure to abide by this Code of Conduct could result in expulsion from the premises and any further Paxton Athletic Association function.**

Parent's Printed Name

Parent's Signature

