County Commissioners of Kent County, MD Department of Parks and Recreation Youth Sports Registration Hoop Jam, Co-Ed Rookies, Basketball, Jr. Wresting

Please note this is only the initial registration form, and depending on the program, additional forms may be required. Your spot will be held pending the completion of the additional forms (if applicable).

FOR OFFICE USE ONLY

Date Received: _____

Program Registration Policies:

1. Please complete one (1) registration form for each participant or register online at KentParksAndRec.org for a nominal fee.

2. Registration must be completed in its entirety to be accepted.	Staff Initials:
3. Registration is accepted on a "first come" basis.	
4. Refunds for all programs are subject to a \$5 processing fee and may	take up to two (2) weeks to process.
5. We reserve the right to cancel or alter programs that do not meet regi	
Please return form to: Kent County Parks and Recreation, 11401 Wo	
Participants Name (First/Last):	
(one form per person, pr	ogram, or trip)
M/F: Age: Date of Birth: Email:	
	important! please print clearly)
Parent's or Guardian's Full Name (if applicable):	
Parent's or Guardian's Full Name (if applicable):	
Physical/Mailing Address:	
City/State:	Zip:
Home Phone: Work Phone:	Cell Phone:
WORK I HORE.	Cen i none.
Emergency Contact:	Phone Number:
Program/Class/Trip:	
Session(s) (if applicable):	
() (11)	
Location (if applicable):	
Fee: \$ Make Check or Money Order payable to Count	y Commissioners of Kent County, MD
	70 11 0 11 0 1
Registration fee must accompany registration form to secucion completed application and all required supporting documents.	
completed application and an required supporting documents	ments must accompany registration form.
recognize the risks of illness and injury in any exercise/physical fitness or educational program	
greement and understanding that I am hereby waiving and releasing Parks and Recreation, it's o iabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "cl	
llness, injury, or death resulting there from and hereby agree to indemnify and hold harmless the	
Claims proximately caused by the gross negligence or willful misconduct of Parks and Recreation	
ake photographs/video my (or my child's) participation for the purpose of archives and advertising	
Destining of Circumstance Parts	t/Consider Signature (S. 1.10)
Participant Signature Date Parer	nt/Guardian Signature (if under 18) Date
FOR OFFICE USE	ONI V
	O11D1
Amount Paid: \$ Date: Cash/Check #: St	aff Initials: Confirm. Date:
Scholarship: Additional Forms Requir	ed:
Date entered in ActiveNet:	Initials of Staff:
Octo With duranal Forms Descrived.	Office Manager Initials
Date Withdrawal Form Received: Refund Date (if applicable): Date Refund	Submitted to Finance Department:
Amount Refunded: Date Refund f any part of the Registration Fee is retained by the Department, please explain:	Samuel to I mailed Department.

County Commissioners of Kent County, MD Department of Parks and Recreation Health History Form *This form is required. Please type or print clearly* REGISTRATION WILL BE DELAYED IF INFORMATION IS INCOMPLETE.

Participant's Name:	
raiticipant s Name.	

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IMMUNIZATION INFORM		Tire	Tradic, Day, and	r outil		- Constitution paints C		
For campers who reside with 1. State/territory in who 2. Is this child exempt	in the Unich child from any	reside y immı			District	of Columbia:		
1. Country in which ch	ild resid	es	States, a United States territory 96 (record of vaccination or in			t of Columbia:		
Child's Physician:								
Child's Physician: Name						Phone		
Has participant experienced	l any of	the fo	llowing?					
Type	Yes	No	Type	Yes	No	Туре	Yes	No
Eating Disorder			Menstruation Problems			Frequent Earaches		
Sleeping Disorder			Bowel/Bladder Disorder			Asthma		
Posture Problems			Eye Problems			Diabetes		
Dental Problems			Wear Glasses or Contacts			Anemia		
Skin Problems			Hearing Difficulties			Speech Problems		
Allergies			If yes, explain:					
Illness/Disability			If yes, explain:					
Behavioral Problems			If yes, explain:					
Currently taking Medicine Additional medical information			If yes, explain:					
				(Group/F	Policy #:		
Parent/Guardian Name:			Home #	ne # V		Work #:		
Emergency Contact #1 Name	:							
		ame	Re	elationsh	ip to C	hild Phone N	umbers	
Emergency Contact #2 Name		ame	D.	lationah	in to C	hild Dhone M	h owo	
**Emargancy contacts must s			eparately on pick up Authoriza	lationsh				
The above health history is corre except as noted. Authorization f treatment, and necessary transpo	ct to the lor treatment or treatmentation fo secure an	best of a ent: I ha r my ch	my knowledge, and the person he ereby give permission to the medi hild. In the event that I cannot be nister treatment, including hospita	rein descr cal perso reached i	ribed ha nnel sel n an em	as permission to engage in all p ected by the camp director to c ergency, I hereby give permiss	rescribed can order x-rays, r sion to the ph	outine to ysician
Parent/Guardian Signature						// Date		

*IF YOU CAN NOT SIGN THIS FORM FOR RELIGIOUS REASONS YOU MUST PROVIDE A SIGNED LEGAL WAIVER WITH THIS FORM.

County Commissioners of Kent County, MD Department of Parks and Recreation Academic Requirement and Expectations Acknowledgement

<u>Participant</u>

As a participant in Kent County youth sports, I understand the importance of school and that playing sports is a privilege to be earned, not a right freely given. I understand that quality performance in the classroom, both academically and behaviorally, is a condition for eligibility in Kent County youth sports. I will work with Kent County Parks & Recreation and my coach to uphold myself to the standards as set forth in the following criteria:

- A grade point average of 2.0/70% or higher
- Continued attendance in school without suspension or other serious disciplinary action

I also understand that a suspension from school is a suspension from participating in sports until such a time that I am reinstated in school. I will work in full cooperation with Kent County Parks & Recreation in this matter. Participant Signature Date <u>Parent/ Guardian</u> As a parent/guardian of a youth sports participant, I understand the importance of school and that playing sports is a privilege to be earned, not a right freely given. I understand that quality performance in the classroom, both academically and behaviorally, is a condition for eligibility in Kent County youth sports. I will work with Kent County Parks & Recreation and the team coach to uphold my child/participant to the standards as set forth in the following criteria: A grade point average of 2.0/70% or higher • Continued attendance in school without suspension or other serious disciplinary action I also understand that a suspension from school is a suspension from participating in sports until such a time that my child/participant is reinstated in school and I will inform both the head coach and the league administration of such suspensions. I will work in full cooperation with Kent County Parks & Recreation in this matter. Parent/Guardian Signature Date **Shirt Size** (Circle One) Medium (10-12) *YOUTH:* Small (6-8) Large (14-16) ADULT: Small Medium XL* Other (Size Large * Additional cost may apply

Youth Basketball/Co-Ed Rookies Basketball Location (Circle one)

Kent County M.S. H.H. Garnett E.S. Rock Hall E.S. Galena E.S.

County Commissioners of Kent County, MD Department of Parks and Recreation Youth Sports Waiver, Release of Liability and Uniform Policy

Please Read BEFORE Signing

In consideration of being allowed to participate in any way in Kent County Parks & recreation youth sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; AND
- 2. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; AND
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring the hazard to the attention of the nearest official immediately; AND
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS KENT COUNTY PARKS & RECREATION, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event ("RELEASES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

For Participants of Minority Age

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Photo Consent

My signature also reflects my permission for my child to be photographed or videotaped for the purposes of advertising and archives for Kent County Parks & Recreation.

Uniform Return/Replacement Policy

Basketball – The basketball uniform for league play is part of the registration cost and yours to keep after the season has concluded. However, if for any reason your uniform is lost, stolen, ordered wrong size or damaged beyond repair during the playing season; a replacement fee of \$15.00 will be charged for a replacement. A regulation uniform must be worn in order to be eligible to play in any league game or contest.

Wrestling - The wrestling singlet uniform is the property of the Kent County Parks and Recreation Department. Uniforms will be issued at the start and collected at the end of the season. Participants are responsible for the care and cleaning of this uniform. Failure to return your uniform at the end of the season will result in you being charged the full replacement cost of \$95.00 for the uniform.

Participant's First and Last Name	

Failure to comply with these standards may result in disciplinary actions by the following organizations:

City of Annapolis

Anne Arundel County

Arlington County

City of Baltimore

Baltimore County

City of Bowie

Calvert County

Charles County

City of Frederick

City of Gaithersburg

City of Greenbelt

Harford County

Howard County

Kent County

Maryland National Capital Park & Planning Commission

Montgomery County

Ocean City

Queen Anne's County

City of Rockville

St. Mary's County

City of Takoma Park

Talbot County

U.S. Lacrosse

City of Westminster

Worcester County

County Commissioners of Kent County, MD Department of Parks and Recreation Youth Sports Code of Conduct

As a Player, I understand that I must follow these rules to stay in good standing:

- 1. Respect the game, play fairly and follow rules and regulations
- Show respect for authority to the officials of the game and of the league
- 3. Demonstrate good sportsmanship before, during and after the game
- Will not post or communicate content that would harm KCPR or KCPR's reputation on Social Media
- 5. Be courteous to opposing teams and treat all players and coaches with respect
- Be modest when successful and gracious in defeat

7	Respect the privilege of the use of public facilities	ties		
	Refrain from the use of drugs, tobacco, alcohol and abusive language			
0.	remain from the use of drugs, toodeed, alcoho	and abusive language		
Name:_	Signature:	Date:		
	Parent/Guardian, I recognize that parents/guardian	-		
	for their children, and that sports help to de ortsmanship. As such, I agree to abide by the			
1.	Encourage good sportsmanship by demonstrat coaches, fans and officials, at practices and other			
2.	Place the well-being of my child before a person	onal desire to win		
3.	Advocate a sports environment for my child that is free of drugs, tobacco, alcohol and abusive language, and refrain from their use during youth sporting events			
4.	Encourage my child to play by the rules and recoaches, fans and officials	spect the rights of other players,		
5.	Will not post or communicate content that wor on Social Media	ald harm KCPR or KCPR's reputation		
Name:_	Signature:	Date:		
artici	pach, I recognize that coaches are role models pants involved in the activity, and that sports orth & sportsmanship. As such, I agree to abid	help to develop a sense of teamwork,		
1.	Place the emotional and physical well-being or desire or external pressure to win	my players ahead of a personal		
2.	Will not post or communicate content that wou Social Media	lld harm KCPR or KCPR's reputation or		
3.	Lead by example by demonstrating fair play a	nd sportsmanship to all involved		
4.	Provide a sports environment for my team that and abusive language and refrain from their us			
5.	Respect the game and league officials			
6.	Be knowledgeable of the league rules and regu	lations, and teach these rules to all		

- players on my team
- 7. Encourage my team members to play by the league rules and respect the rights of other players, coaches, fans and officials
- 8. Be responsible for my own behavior and for the behavior of my team members, their parents and fans

Name:	Signature:	Date: