

County Commissioners of Kent County, MD * Department of Parks and Recreation
 Youth Sports Registration
 (Basketball, Hoop Jam, Wrestling)
 www.KentParksAndRec.org

Cost: Youth Basketball & Jr. Wrestling - \$50 * Hoop Jam - \$30 * Co-Ed Rookies Basketball - \$40

Registration Open September 1st to October 21st
\$10 Late Fee after Registration Deadline – NO EXCEPTIONS
NO REGISTRATIONS ACCEPTED AFTER NOVEMBER 3RD – NO EXCEPTIONS

Sign up for the Youth Basketball Camp –Cost \$10
6 Days: October 17th – October 19th & October 24th – October 26th from 6-8pm at KCMS

<u>Girls & Boys Youth Basketball :</u>	Week of November 6 th (please reference schedule below) (9 – 13 year olds)
<u>Co Ed Rookies Basketball:</u>	Week of November 13 th (please reference schedule below) (7 & 8 year olds)
<u>Hoop Jam:</u>	Tuesdays and Thursdays from November 7 th through January 18 th at H.H. Garnett Elementary School, 5:30 pm - 6:30pm (5 & 6 year olds)
<u>Junior Wrestling:</u>	Tuesdays & Thursdays starting November 1 st at Kent County Community Center 5:00pm – 7:00pm

If applying for a scholarship, half of the registration fee is due with the Registration Form, along with the Scholarship Application and ALL supporting documentation. Notice: Program registration fees are not accepted at school sites. All payments must be made by mail, in person at the KCCC, or online through ActiveNet.

Please Circle the appropriate shirt size and a location below if registering for Youth Basketball/Co-Ed Rookies Basketball /Hoop Jam.

Shirt Size
(Circle One)

<u>YOUTH:</u>	Small (6-8)	Medium (10-12)	Large (14-16)
<u>ADULT:</u>	Small	Medium	Large XL * Other (Size _____) * 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.

Youth Basketball/Rookie League Group Practice Schedules
*** Practice Days /Times/Location subject to change once teams are formed***
ALL Programs CLOSED November 8th

<u>Kent County M.S.</u>	<u>H.H. Garnett E.S.</u>	<u>Rock Hall E.S.</u>	<u>Galena E.S.</u>
<u>9-13 Girls @ 5:30 pm</u> Nov. 6,13 (HH Garnett) Nov. 6,13 (KCMS) <u>9-11 Boys @ 5:30 pm</u> Nov. 7,9 <u>12-13 Boys @ 6:30 pm</u> Nov. 7,9	<u>Co-Ed Rookies @ 6:30 pm</u> Nov. 14,16 Please Note: Once the Rookies Teams are formed, Team Practices may be held on Monday/Wednesday or Tuesday/Thursday Evenings.	<u>Co-Ed Rookies @ 5:30 pm</u> Nov. 13,15 <u>9-13 Girls @ 5:30 pm</u> Nov. 7,9 <u>9-11 Boys @ 6:30 pm</u> Nov. 6,13 <u>12-13 Boys @ 6:30 pm</u> Nov. 7,9	<u>Co-Ed Rookies @ 5:15 pm</u> Nov. 13,15 <u>9-13 Girls @ 5:45 pm</u> Nov. 13,15 <u>9-11 Boys @ 6:30</u> Nov. 13,15 <u>12-13 Boys @7:15 pm</u> Nov. 13,15

County Commissioners of Kent County, MD
Department of Parks and Recreation

Participant

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

Parent/ Guardian

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

County Commissioners of Kent County, MD
Department of Parks and Recreation General Registration
www.KentParksAndRec.org

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

FOR OFFICE USE ONLY

Program Registration Policies:

1. Please complete one (1) registration form for each participant.
2. Registration must be completed in its entirety in order to be accepted.
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 three (3) weeks to process.
5. We reserve the right to cancel or alter programs that do not meet registration requirements.

Date Received: _____
Time Received: _____
Staff Initials: _____

Please return form to: Kent County Parks and Recreation, 11401 Worton Road, PO Box 67,
 Worton, MD 21678, Info@KentParksAndRec.org, Fax: 410-778-4602

Participants Name (First/Last):
 (one form per person, program, or trip)

M/F: Age: Date of Birth: Email:
 (very 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:

Emergency Contact: Phone Number:

Program/Class/Trip:

Session(s) (if applicable):

Location (if applicable):

Fee: \$

Make all Checks and Money Orders payable to County Commissioners of Kent County, MD

If you submit your registration via email or fax you will receive a confirmation that it was received. Payment must be received within seven (7) days after that confirmation before you will be officially registered.

I recognize the risks of illness and injury in any exercise/physical fitness or educational program and am participating in the Parks and Recreation program upon the express agreement and understanding that I am hereby waiving and releasing Parks and Recreation, it's officers, directors, employees, and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury, or death resulting there from and hereby agree to indemnify and hold harmless the Parks and Recreation Department from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Parks and Recreation. In addition I give permission for Kent County Parks and Recreation to take photographs of my (or my child's) participation for the purpose of archives and advertising.

Participant Signature _____ Date ____/____/____ Parent/Guardian Signature (if under 18) _____ Date ____/____/____

If emailing - signature will be due the first day of the program

FOR OFFICE USE ONLY

Amount Paid: \$ _____ Date: _____ Cash/Check #: _____ Staff Initials: _____ Conf date: _____
 Scholarship: _____ Additional Forms Required: _____

Date entered in ActiveNet: _____ Initials of Staff: _____
 Date Withdrawal Form Received: _____ Refund Date (if applicable): _____ Office Manager Initials: _____

Amount Refunded: _____ Date Refund Submitted to Finance Department: _____
 If any part of the Registration Fee is retained by the Department, please explain: _____

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: _____

This Question only applies to Kiddie, Day, and Youth In Action Participants Only

IMMINIZATION INFORMATION

For campers who reside **within** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides: _____
2. Is this child exempt from any immunizations? No
 Yes, List them: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. Country in which child resides: _____
2. Attach Department form DHMH-896
 (record of vaccination or immunity)

Family Physician: _____
Name Phone

Has participant experienced any of the following?

Type	Yes	No	Type	Yes	No	Type	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			If yes, explain:					
Additional medical information or special conditions staff should know:								

Medical Insurance Carrier: _____ Group/Policy #: _____

Parent/Guardian Name: _____ Home # _____ Work #: _____

Emergency Contact #1: _____
Name Relationship to Child Phone Numbers

Emergency Contact #2: _____
Name Relationship to Child Phone Numbers

*****Emergency contacts must be listed separately on pick up Authorization Form if also authorized to pick up your child*****

The above health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

 Parent/Guardian Signature ____/____/____
Date

If emailing - signature will be due the first day of the program

***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
Youth Sports Waiver, Release of Liability & Uniform Policy

Please Read BEFORE Signing

In consideration of being allowed to participate in any way in the 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

(Below the age of 18 at time of registration)

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.

Parent/Guardian Signature

Date

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 & follow its rules & regulations
2. Show respect for authority to the officials of the game & of the league
3. Demonstrate good sportsmanship before, during and after the game
4. Will not Post or Communicate content that would harm KCPR or KCPR's reputation on Social Media.
5. Be courteous to opposing teams & treat all players & coaches with respect
6. Be modest when successful & gracious in defeat
7. Respect the privilege of the use of public facilities
8. Refrain from the use of drugs, tobacco, alcohol & abusive language

Name: _____ Signature: _____ Date: _____

As a Parent/Guardian, I recognize that parents/guardians are the most important role models for their children, & that sports help to develop a sense of teamwork, self-worth & sportsmanship. As such, I agree to abide by the following:

1. Encourage good sportsmanship by demonstrating positive support for all players, coaches, fans & officials at games, practices & other sporting events
2. Place the well-being of my child before a personal desire to win
3. Advocate a sports environment for my child that is free of drugs, tobacco, alcohol & abusive language, & refrain from their use during youth sporting events
4. Encourage my child to play by the rules & respect the rights of other players, coaches, fans & officials.
5. Will not Post or Communicate content that would harm KCPR or KCPR's reputation on Social Media.

Name: _____ Signature: _____ Date: _____

As a Coach, I recognize that coaches are role models for their team members & all participants involved in the activity, & that sports help to develop a sense of teamwork, self-worth & sportsmanship. As such, I agree to abide by the following:

1. Place the emotional & physical well-being of my players ahead of a personal desire or external pressure to win
2. Will not Post or Communicate content that would harm KCPR or KCPR's reputation on Social Media.
3. Lead by example by demonstrating fair play & sportsmanship to all involved
4. Provide a sports environment for my team that is free of drugs, tobacco, alcohol & abusive language & refrain from their use at all sporting events
5. Respect the game & league officials.
6. Be knowledgeable of the league rules & regulations, & teach these rules to all players on my team
7. Encourage my team members to play by the league rules & respect the rights of other players, coaches, fans and officials
8. Be responsible for my own behavior & also for the behavior of my team members, their parents & fans

Name: _____ Signature: _____ Date: _____