

# Tulare Youth Athletic Association jrNBA/jrWNBA Registration Form

REGISTRATION FEE MUST BE SUBMITTED  
WITH COMPLETED APPLICATION FORM – NO EXCEPTIONS

### League Use Only

Fee: \_\_\_\_\_  
Date Paid: \_\_\_/\_\_\_/\_\_\_  
Cash \_\_\_\_\_ Check #: \_\_\_\_\_  
Total Paid: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Certified Berth Cert. \_\_\_\_\_  
Board Member initials \_\_\_\_\_

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

Player Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age (as of 4/1/12): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Gender: Male Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone#1: \_\_\_\_\_ Phone#2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone#1: \_\_\_\_\_ Phone#2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#1: \_\_\_\_\_ Phone#2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Previous jrNBA/jrWNBA participant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, team name \_\_\_\_\_

Age Divisions: Circle one A (5-6 Co-Ed) B (7-8 Co-Ed) C (9-11 Boys) D (9-11 Girls) E (12-14 Boys) F (12-14 Girls)

## Medical Information

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical History: Allergies, Medications, Special Conditions, etc: \_\_\_\_\_

## Medical Authorization PART I GRANT OF CONSENT

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr.(2), or preferred Dentists or in the event designated Dr. or Dentist is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible.

*NOTE: This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.*

Participant Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Signature

## PART II REFUSAL OF CONSENT (Do not complete if Part I has been completed)

I do **NOT** give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish that Tulare Youth Athletic Association to take no action, or perform the following actions:

Actions to be Performed: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
Print Name

Parent/Guardian/Custodian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

I/We the parent(s)/guardian of the above named boy/girl, hereby give my/our approval to his/her participation in JrNBA/JrWNBA during the current season. I/We assume all risks incidental to the conduct of the activities and transportation to and from these activities. I/We do further hereby release, absolve from indemnity and hold blameless the Tulare Youth Athletic Association, the organizers, the sponsors and the supervisors, any or all of them, in case of injury to my/our son/daughter. I/We hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them.

I/We the parent(s)/guardian(s) of the above named boy/girl understand and agree that I am required to put in volunteer service whether it be at the concession, court set-up, clean-up, or wherever my team is needing me. I/We also understand and agree that my child will be penalized if I/We do not put in my/our time required. I also understand and agree that I am to raise the amount needed to complete my fundraiser and I understand and agree that my child will be penalized if all dollars of fundraiser is not completely turned in. NO EXCEPTIONS! Only if fundraiser is paid at registration are you released from doing the fundraiser during the season.

I/We likewise release from responsibility any person transporting my/our son/daughter to and from the activities.

I/We will furnish a birth certificate for the above candidate at the time I submit my/our son/daughters application for participation.

I/We the parent(s)/guardian(s) of the above-named boy/girl, in case of emergency and/or injury in my/our absence, hereby authorize any hospital and/or attending physician to give any emergency medical attention or treatment deemed necessary.

I/We further hereby release, absolve, from indemnity and hold blameless any hospital and/or physician treating the above-named boy/girl in my/our absence.

## TYAA Code of Conduct Policy

League Participant's Code	League Parent's Code	League Coach's Code
<p><b>I WILL :</b>                      Emphasize the ideas of team/squad sportsmanship, ethical conduct and fair play.                      Show courtesy to my opponents and officials.                      Recognize athletic contents are serious educational endeavors.                      Give complete allegiance to my coaches who are the child's instructional authority for my team.                      Discourage fans, fellow teammates and parents from undercutting my coach's authority.</p> <p><b>I WILL NOT:</b>                      Use profanity or talk "trash" before, during or after any game.                      Use drugs, alcohol or tobacco.                      Criticize my teammates.                      Act in any way that may incite spectators.</p>	<p><b>I WILL:</b>                      Support my child's team/squad and teach the value of commitment to the team/squad – Emphasize the ideals of sportsmanship, ethical conduct and fair play.                      Help my child and Tulare Youth Athletic Association make athletic contests a positive educational experience.                      Show courtesy to opponents and officials.                      Direct constructive criticism of my child's athletic program to the athletic director or association officials and work towards a positive result for all concerned.</p> <p><b>I WILL NOT:</b>                      Criticize officials, direct abusive or profane language towards them, or otherwise subvert their authority.                      Undermine, in word or deed, the authority of the coach or administration.                      Intrude onto the field/court, stand on the sideline and yell from the bleachers to the coaches, referee or administration in a foul manner.</p>	<p><b>I WILL:</b>                      Respect the integrity and judgment of contest officials/judges and work with them to promote positive experiences.                      Establish and model fair play, sportsmanship, and proper conduct.                      Hold in highest priority establishment of the child's safety and welfare.                      Provide proper supervision to athletes at all times.                      Use discretion when providing constructive criticism and when reprimanding the athlete. Maintain consistency in requiring athletes to adhere to established rules and standards of the contest to be played.                      Follow the rules of behavior and the procedures for responsible crowd control.                      Vigorously encourage and support athletes.</p> <p><b>I WILL NOT:</b>                      Suggest, provide, or encourage athletes to use non-prescription drugs or substances.                      Promote acts that will in any way incite spectators in a negative manner.</p>

**PARTICIPANT AND PARENT MUST SIGN** this form and by signing he/she is assuring the Tulare Youth Athletic Association that you have reviewed and support the "Code of Conduct" policy and understand a punishment may be implemented as a result of violation of the above provision.

-All funds paid to TYAA are **NON-REFUNDALBLE**.

Participant (print)	Signature	Date
Parent (print)	Signature	Date

