

**REDSTONE ARSENAL
DFMWR, CYSS
SPORTS REGISTRATION**

Date _____ Sport _____

Player's Name _____

Shirt Size (circle one): YSM YM YL YXL ASM AM AL AXL Other _____

Pant Size (circle one): YSM YM YL YXL ASM AM AL AXL Other _____

Birth Date: (MM/DD/YEAR) _____ Male _____ Female _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Home Email _____

Sponsor Name _____ Status _____

Sponsor Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Secondary Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Emergency Contact (other than parent) _____

Relationship _____ Phone _____

The success of all Youth Sports Programs depends on Volunteers. Please consider volunteering for one of the following positions. Coaches who fulfill entire season commitment will receive a credit for entire registration fee. Assistant coaches who fulfill entire season commitment will receive credit for half (1/2) of registration fee.

Coach _____ Assistant Coach _____ Team "Mom" or "Dad" _____ Other _____

I, (print name) _____ as a parent or legal guardian for above player, hereby give consent for emergency medical treatment as needed for injuries sustained during practice, transport or games in case of my absence.

Signature _____ Date _____

PARENTS CODE OF ETHICS

I HEREBY PLEDGE TO PROVIDE POSITIVE SUPPORT, CARE AND ENCOURAGEMENT FOR MY CHILD PARTICIPATING IN YOUTH SPORTS BY FOLLOWING THIS PARENT'S 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 ENVIROMENT

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 ENVIROMENT 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 SPORT COACH AND THAT THE COACH UPHOLDS THE COACHES' CODE OF ETHICS

I WILL READ THE NATIONAL STANDARDS FOR YOUTH SPORTS AND DO WHAT I CAN TO HELP ALL YOUTH SPORTS ORGANIZATRIONS IMPLEMENT AND ENFORCE THEM.

SIGNED _____ DATE _____

ADMINISTRATOR _____ DATE _____