

# STUDENT-ATHLETE REGISTRATION FORM

Druid Hills Youth Sports Middle School Pony A

Spring  TT  Summer  Fall

Year: **2011**

**NOTE:** A \$300 fee will be assessed for late team registrations. Visit [www.dhys.org](http://www.dhys.org) for registration dates.

STATION 1

Volunteer:  Manager  Assistant coach  Umpire  Board member

Division:  Shetland  Pinto  Mustang  Bronco  Pony

Today's date:

Registration fee:

Cash

Make checks payable to  
**DHYS**

Check number:

Receipt number:

STATION 3

11/20/2009

## PARTICIPANT INFORMATION

Participant's last name:

First:

Middle:

Birth date:

Sex:

mm/dd/yyyy

Male  Female

Street address:

Home phone number:

Secondary phone number:

City:

State:

ZIP Code:

E-Mail:

E-Mail 2:

GA

Shirt Size:

Cap Size:

Preferred jersey #

Height:

Weight:

School attending:

No. of years experience:

ft

in

lbs

## PARENT/GUARDIAN INFORMATION

Father's name

Mother's name:

Father's address (if different from participant)

Mother's address (if different from participant)

Home phone number:

Cell phone number:

Bus phone number:

Home phone number:

Cell phone number:

Bus phone number:

Father's Employer:

Mother's Employer:

## EMERGENCY AUTHORIZATION

I/We understand that DHYS requires a signed Medical Waiver. Please sign page 2 and return with this registration form. The following emergency information is required. Please attach a copy of your Medical Insurance Card. Attached? Yes No

Yes, I/We have medical coverage for my/our child.

No, I/We do not have medical coverage for my/our child.

Insurance company:

Policy number:

Name of participant's doctor:

Doctor's phone:

In case of emergency, I/We hereby authorize emergency treatment and/or care of the above participant at any hospital.

If in an emergency I/We cannot be reached, please contact:

Relationship to participant:

Phone number:

Other phone number:

## MEDICAL INFORMATION

Does the participant have a history of illness or allergies?  Yes  No

If yes, describe:

List any regularly taken medication:

Date of last Tetanus shot:

## PARENT OR GUARDIAN AUTHORIZATION, DISCLAIMER, AND WAIVER OF LIABILITY

The above information is true to the best of my knowledge. To induce the Druid Hills Youth Sports (DHYS) to accept registration and permit participation in DHYS by the above named participant, I the parent or guardian of said individual, hereby give my consent to agree to release, indemnify and hold harmless DHYS, it's officials, managers, coaches, and representatives, from any claim arising out of injury or aggravated by my/our refusal to obtain available medical treatment based on religious or philosophical beliefs to the above named participants.

I consent to and attest to all the information on this form.

Date

Patient/Guardian signature



I, as parent or guardian of said player, hereby give approval for this player's participation in any and all DHYS league activities. In consideration for participation in DHYS league activities, I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in league activities away from home when neither parent nor guardian is available to grant authorization for emergency treatment. I hereby waive, release, absolve, indemnify and agree to hold harmless the association and its officers, directors, members, sponsors, supervisors, participants, and persons transporting the players to and from activities, for any claim arising from an injury to the player and do hereby waive any and all claims for the player, for myself, and/or for the players' participation in DHYS league activities. I state that the player is in proper physical condition to participate in league activities. Although DHYS offers medical and dental accident insurance required by PONY baseball and Dekalb County, I further understand that as a parent, I am responsible for any medical expenses incurred arising from an injury to the player and not covered by individual insurance or DHYS insurance. I have read, understand fully and agree to abide by the duties and responsibilities enumerated above. I also agree to abide by the by-laws of DHYS and Dekalb County rules and regulations governing public parks. I certify that the information given in this application is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_

Druid Hills Youth Sports

PO Box 33026

Decatur, GA 30033-0026

## **DHYS Code of Conduct**

Druid Hills Youth Sports believes that children deserve to have fun in a safe and caring environment. Please pledge to do everything you can to make this possible for all the children in our program.

### **Parents - Code of Conduct**

1. As a parent I will provide positive support and encouragement for my child.
2. I will place the physical and emotional well being of my child ahead of any personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will provide support for managers, coaches and officials working with my child to provide a fun experience for all.
5. I will demand a drug & alcohol free environment for my child and I will not use or allow use of such substances at any game or practice.
6. I will remember that not all children are gifted with the same athletic ability but all benefit from encouragement and practice.
7. I will do my very best to make youth sports fun for my child.
8. I will ask my child to treat other players, managers, coaches, fans and officials with respect.
9. I will make sure that my child arrives at practice and games on time.

### **Players - Code of Conduct**

1. As a player I will do my very best to listen and learn from my coaches.
2. I will treat my managers and coaches with respect and I will expect to be treated accordingly.
3. I will encourage good sportsmanship from my teammates, managers, coaches, parents and officials at every practice and game.
4. I will attend all practices and games that I can and notify my manager if I cannot.
5. I will expect to receive at a minimum playing time as outlined in the DHYS Local Rules.
6. I will remember that the main goal is to learn and have fun and will let my parents, managers, and coaches know if it stops being fun.
7. I expect to play in an alcohol, tobacco and drug free environment and expect adults to comply.

### **Managers & Coaches - Code of Conduct**

1. As a manager/coach I will provide positive support and encouragement for all players.
2. I will plan for all practices and games.
3. I will welcome other managers, coaches, parents, and players.
4. I will listen to players and discuss player progress with parents.
5. I will be courteous to umpires.
6. I will know emergency procedures and put players safety first.
7. I will know and understand the rules for the age group in which I manage/coach.
8. I will not use profanity or threatening behavior when coaching.
9. I will support the rules and regulations of Druid Hills Youth Sports Association and the DeKalb County Parks and Recreation Department.