

Youth Basketball of Claremore

PO Box 2712, Claremore, OK 74018

Boy / Girl		Grade:	Team:
Rec / Select		Jersey Size	Num:
Amt Pd:			
Player's Name:		Fee:	Check #:
Father's Name:		Scholarship #:	Cash:
Mother's Name:		Fundraiser:	
Address:		Returning Player: Y / N	Last Team:
Father:	Phone:	Seasons Played	Position:
Mother:	Phone:	Father's Email:	
Emergency Contact:		Phone:	Mother's Email:

____ (Initial) **RELEASE OF LIABILITY CONTRACT:**

My child has my permission to participate in all YBOC sponsored or endorsed activities. YBOC and its officers, Board Members, coaches, coaching staff, agents, licenses are hereby released from any and all liability or responsibility for any injury that may occur to my child, to me, to my spouse, to any of my other children, resulting directly or indirectly from my child's participation in YBOC activities including but not limited to league, tournament and practice games, practices, transportation to and from games, tournaments or otherwise, and the use of practice facilities, game facilities, concession facilities, or any other facility. We shall abide by the rules and regulations of participation of Youth Basketball of Claremore (YBOC).

INSURANCE RELEASE - Please check the appropriate box and complete the required information.

____ I understand that YBOC carries Excess Medical Coverage, and my child is covered by the following accident insurance.

Insurance Company Name: _____ Type of Plan: _____

____ This is to certify that we have NO INSURANCE policy that will cover my child. However, he/she has my permission to participate in all YBOC activities.

____ (Initial) **AUTHORIZATION FOR EMERGENCY TREATMENT**

I hereby authorize Dr. _____ or any physician, surgeon, or dentist on the medical staff of Claremore Regional Hospital, (or nearest Emergency Center) to administer any emergency treatment, procedure or medicine necessary or advisable when accompanied by an adult. I further agree to pay the hospital, doctors, and ambulance service for all services rendered to the above named patient. I request that this authorization remain in force as long as my child is engaged in any activity related to YBOC, unless noted in writing of a change by me.

____ (Initial) **RULES AND REGULATION CONTRACT**

I have read the Member's Rules and Regulations as stated by the YBOC Board of Directors. I hereby agree to abide by said rules and regulations. I have also read and fully understand the penalties prescribed by YBOC for the violation or non-compliance of said rules and regulations and by my signature do agree to these terms and conditions. I also understand that I will not be allowed any refund after registering unless approved as an exceptional circumstance by the YBOC Board of Directors.

____ (Initial) **PARENTS CODE OF ETHICS**

By my signature, I do hereby pledge to provide positive support, care and encouragement for my child participation in youth sports by following this Parent's Code of Ethics: I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other event; I will place the emotional and physical well being of my child ahead of my personal desire to win; I will insist that my child play in a safe and healthy environment; I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all; I will demand an environment for my child that is free from 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 adults; I will do my 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 will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching or providing transportation.

____ (Initial) **PHOTO PERMISSION:** I give YBOC permission to place my child's photo on their website. NO personal info will be published.

____ (Initial) **WORK AGREEMENT:** I understand as a Parent, I must work concession, gate, spirit table, etc; Not required during my child's game.

FUNDRAISER PARTICIPATION: To assist in offsetting a portion of the registration fees, YBOC may offer a fundraiser options.

____ (Initial) Yes, I want to take part in a fundraiser. All monies raised must be turned in as instructed.

____ (Initial) No, I wish to buy - out and pay an additional fee for registration.

SIGNATURES

Parent/Guardian:	Date:
YBOC Rep:	Date: