



CITY OF CHINO
COMMUNITY SERVICES DEPARTMENT

Receipt # _____

Staff Initials _____

Youth Sports Participant Registration

*REFUND POLICY: Refunds/credits will only be issued before the second week.
\$5 processing fee will be charged for all refunds.

*Replacement Jersey Policy: Replacement jersey order needs to be placed by the second week.
\$15 processing fee due at the time of order.

PROGRAM (Pee-Wee/Youth League): _____ **SPORT:** _____
.....

PARTICIPANT INFORMATION:

First Name: _____ Last Name: _____ Gender _____ DOB ___/___/___

SESSION/DIVISION: _____ **SHIRT SIZE:** _____

First Name: _____ Last Name: _____ Gender _____ DOB ___/___/___

SESSION/DIVISION: _____ **SHIRT SIZE:** _____

First Name: _____ Last Name: _____ Gender _____ DOB ___/___/___

SESSION/DIVISION: _____ **SHIRT SIZE:** _____

PARENT/GUARDIAN INFORMATION:

First Name: _____ Last Name: _____ Gender _____ DOB ___/___/___

Address: _____ City: _____ Zip Code: _____

Best Phone: (____) _____ E-Mail: _____

Cell Phone: (____) _____ * Promotional e-mail * Yes: ____ No: ____

Phone Service Provider: _____

EMERGENCY CONTACT(S):

**Your emergency contact(s) should NOT be a contact within the same household, but rather an alternate contact in the local area.*

Name: _____ Relationship: _____ Number: (____) _____

Name: _____ Relationship: _____ Number: (____) _____

CONSENT TO TREATMENT OF MINOR:

"In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the Community Services Department/Recreation Division or their representatives, agents or assignees, when neither the parents, guardian nor designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the law of the State of California."

Family Physician/Group: _____ Phone # (____) _____

Address: _____ City: _____ Zip Code: _____

Insurance Company: _____ Policy Number: _____

Pertinent Medical History Information: (Epilepsy, asthma, diabetes, allergies, medications, etc.) _____

Youth Sports Participant Waiver

Youth Participant Name

Youth Participant Name

Youth Participant Name

RELEASE

In exchange for being permitted to participate in any City of Chino activity and/or use any City of Chino facility, I acknowledge and attest to the fact that:

1. My participation, and/or that of my child/children/guardians, is voluntary.
2. My participation, and/or that of my child/children/guardians, may result in injury, death, property damage, and other losses, and I assume all of those risks.
3. I am legally competent to understand and accept the associated risks.
4. I waive, and release the City, its officials, employees, and volunteers from, all claims for any injury, death, property damage, or other loss resulting from my participation in the activity, and/or that of my child/children/guardians.
5. I am responsible for payment of all fees for, and liabilities and damages resulting from, my participation in the activity and/or that of my child/children/guardians, including damages to City property, injury to other participants, or other losses of any kind.
6. I will defend the City and its representatives against any claims or lawsuits that are a result of my willful misconduct, and/or that of my child/children/guardians.
7. I agree that the City can take photographs and/or film me, and my child/children/guardians, while participating in a City activity and/or at a City facility to be used for promotional purposes; and, further that such photographs and film will be the sole property of the City and that neither I nor my child/children/guardians will be entitled to any license fee or royalty for the City's use thereof.
8. I understand that rates, fees, dates, times, classes, schedule of classes, and instructors established by the City may change at any time without notice.
9. I agree that City fliers and class schedules are not an expressed and implied contract.
10. I agree that the City is not responsible for any damage or loss that may arise from a misunderstanding, error, or omission related to the activity.
11. I understand that the City reserves the right to change or cancel any or all of the participation/use of rules at any time.
12. I understand that any individual behaving inappropriately or unsafely will be ejected and denied future participation.

I am signing a full release of any and all liability against the City of Chino and do so of my own free will.

Printed Name: _____ Parent/Guardian

Signature: _____ Date: _____

Address: _____

Phone (day): _____ Phone (evening): _____ Phone (cell): _____

Organization (if any): _____

The City of Chino, in compliance with the Americans with Disabilities Act (ADA) does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs, events, or activities. Requests for accommodations and information regarding provisions of the ADA may be requested from Natalie Sparrow, ADA Coordinator, at 909.334.3524.

◆ VOLUNTEERS ◆

The City of Chino Youth Sports Program is not possible without the support of numerous volunteer coaches, assistant coaches and scorekeepers. If you are interested in making a difference in the lives of our program participants, please check the appropriate box below and you will be contacted with more information. All City volunteers are required to pass a background which is provided at no cost to the applicant. Coaching volunteers must also attend the scheduled mandatory meetings at the beginning of every season.

Yes, I am interested in volunteering or need more information. Please contact me.

City of Chino

YOUTH SPORTS • PARENTS CODE OF ETHICS

The City of Chino Youth Sports Program strives to provide residents and non-residents with a positive environment for youth to participate in sports activities where skill development and good sportsmanship is encouraged and implemented. As parents of participants, your role is vital to maintaining a positive environment where youth can grow and receive a positive playing experience.

I hereby pledge to provide positive support and encouragement for my child by observing the following oath:

- **I will** encourage good sportsmanship and fair play at all times.
- **I will** maintain a "Fun Is Number One" attitude regardless of the outcome of the game.
- **I will** support, encourage, and praise all kids regardless of team or athletic skill.
- **I will not** disrespectfully address any player, spectator, coach, official, or staff.
- **I will not** attempt to influence a volunteer coach, official, scorekeeper, or staff decision.
- **I will not** use profanity, inappropriate language or make obscene gestures.
- **I will not** distract or taunt any team or player at any time before or after any game.
- **I will not** object to an official's decision by rising from the bleachers or using gestures.
- **I will not** enter the field/court at any time during a game.
- **I will not** sit on any team bench during games unless I'm a registered coach of that team.
- **I will not** incite undesirable crowd reactions.
- **I understand** that I am responsible for my actions, that of my family members, and my guests attending the event.

Although not anticipated, non-compliance may result in a verbal warning and/or removal from the game by a game official or by City of Chino staff. By attending, you agree to comply with the above stated parent expectations at every game/practice; and also understand the consequences of non-compliance.

.....
I have read the aforementioned rules and promise to fulfill the goals and objectives in promoting good sportsmanship.

Youth Participant Name

Youth Participant Name

Youth Participant Name

Parent/Guardian Signature

Date

**CITY OF CHINO - CONCUSSION PROTOCOL
FOR PARTICIPATION IN A CITY OF CHINO YOUTH SPORTS PROGRAM**

Participant Name: _____ Activity: _____

Participant Name: _____ Activity: _____

Participant Name: _____ Activity: _____

Program Dates: From: _____ To: _____

The California State Legislature passed Assembly Bill, AB 2007: Concussions or other head injuries. It is important for athletes and their parents/guardians to recognize the signs, symptoms, and related behaviors of concussions. By signing this form, you are stating you understand the importance of recognizing and responding to the signs, symptoms, and related behaviors of a concussion or other head injury and certify that you have read, understand, and agree to abide by all of the information contained in the Heads Up Concussion Fact Sheet For Parents provided by the City of Chino.

Parent Agreement:

I, _____, have read and understand the Youth Sports Heads Up Concussion Fact Sheet For Parents and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and related behaviors. I agree that my child must be removed from practice or play if a concussion or other head injury is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice or play until written clearance from a licensed healthcare provider is provided to the City of Chino Coordinator/Supervisor of the program. If a licensed healthcare provider determines the athlete sustained a concussion or other head injury, the athlete must also complete a graduated return-to-play protocol of no less than seven days under the supervision of the licensed health care provider.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____

Phone (day): _____ Phone (cell): _____

Participant Signature: _____

Participant Signature: _____

Participant Signature: _____

***** **FOR OFFICE USE ONLY** *****

Staff member printed name: _____ Title: _____

Staff member signature: _____ Date: _____