

Secondary Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Medical Information

If the above named player is subject to any of the following please check all that apply:

Asthma Diabetes Epilepsy Heat Exhaustion Allergies

Other (Please explain) _____

Permission to Participate

I/We the parent or legal guardian of the above named child, do hereby give my/our permission for my/our child to participate in the Youth Basketball Program.

I/We know that participation in sports may result in serious injury and that protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Buckfield Recreation Committee, coordinator, coaches, sponsors, supervisors and persons transporting my/our child to and from activities for any claim out of injury to my child.

In the event that the above named player is injured or becomes ill, I/We grant permission for the attending EMT or coach to seek the necessary medical treatment for my child.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date of Signature(s) _____

Please Direct all questions to Bridget Culleton 207-240-5888.

FOR OFFICE USE ONLY

Date Paid: _____	Check #: _____	Cash: _____	Yes or No
Registration Fee: \$ _____	Late Fee: \$ _____	Total Paid: \$ _____	

8. Please refrain from rude and/or inappropriate behavior. Abusive language or cursing WILL NOT be tolerated. Keep all comments positive. Parents WILL NOT encourage their child or any other person to engage in unsportsmanlike conduct with any coach, parent, player, participant, official, or any other attendee. Behavior of this nature is cause for immediate ejection from the stands. Repeat offenses will result in being barred from future practices and/or games.
9. Please give constructive criticism to your child during a private moment – never in front of other parents, players, officials, spectators, etc.
10. Your child needs to learn that he/she is part of a TEAM. That includes being at the practices and games a little bit early and making sure they are prepared mentally, physically, emotionally, and dressed with the proper attire.
11. Whenever it is possible, help out with your child's TEAM. No one person can do it all on the own. It can be another way to get close to your child and they love it. When they see you involved in a positive manner, they will know that you care and are there to support them and the TEAM.
12. No open alcoholic beverages and/or smoking on or near any playing area will be tolerated. Behavior of this nature is cause for immediate ejection from the spectator and playing areas. Repeat offenses will result in being barred from future practices and/or games.
13. You are responsible for any and all family members and/or friends attending practices and/or games to watch your child. Please make them aware of how we strive to be the best we can be in all aspects – such as but not limited to good sportsmanship and being part of a TEAM.
14. Other sanctions deemed necessary by the Buckfield Recreation Committee may be enforced, including lifelong permanent ban from participation in any Buckfield Recreation Sports Program.

THIS CONTRACT MUST BE SIGNED AS A CONDITION OF YOUR CHILD'S PARTICIPATION IN ANY BUCKFIELD RECREATION SPORTS PROGRAM.

I agree to abide by the above guidelines for all Buckfield Recreation Sports Programs.

PLAYER'S NAME (print): _____

PARENT'S NAME (print): _____

PARENT'S SIGNATURE: _____

DATE: _____