

<b>Division</b> <small>(PW1,PW2,MB3, MB4. MA5, MA6, JB7, JB8, JA9, JA10, Prep/Grade)</small>	
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## COMMUNITY YOUTH COUNCIL (CYC) REGISTRATION FORM (2010/2011) *(To be filed with CYC)*

Participation in Community Youth Council (CYC) sports and basketball league requires the annual completion of the following four forms:

<b>1. Registration Form</b> (Filed with CYC)	<b>3. Player/Parent Code of Conduct</b> (Filed with CYC)
<b>2. Waiver of Liability</b> (Filed with CYC)	<b>4. Authorization for Third Party to Consent to Treatment of a Minor Lacking Capacity to Consent</b> (Filed with Organization)

Each form must be completed **electronically** and signed in its entirety before a registrant is permitted to participate in the Community Youth Council ("CYC") sports and basketball league. If this is the first time that the registrant is registering with CYC, a true and correct copy of the registrant's birth certificate must accompany this Registration Form. All other registrants need not submit a birth certificate if the registrant's birth certificate is already on file with the CYC. The registrant's parent or guardian must also carefully read and sign each form.

Previously registered with CYC?      Yes    No                      Birth certificate on file with CYC?      Yes    No  
                                 

Registrant Information					
Registrant's Last Name		First Name		Middle Name	
Mailing Address			City		Zip Code
Home Telephone	Work Telephone	Cellular Telephone		Email Address	
Registrant's Organization/Team Name			Height	Weight	Age
					Date of Birth
School					Grade

Parental/Guardian/Custodial Information					
Relationship (check one)    Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Person having legal custody <input type="checkbox"/>					
<b>Mother's Name/Guardian of Registrant</b> <small>(complete address, telephone, email information only if different from registrant information)</small>					
Mailing Address			City,	State	Zip Code
				CA	
Home Telephone	Work Telephone	Cellular Telephone		Email Address	
<b>Father's Name/Guardian of Registrant</b> <small>(complete address, telephone, email information only if different from registrant information)</small>					
Mailing Address			City,	State	Zip Code
				CA	
Home Telephone	Work Telephone	Cellular Telephone		Email Address	

Signature of Registrant	Date
	, 2010

I, the undersigned parent (or guardian) of the registrant, hereby state and confirm that all information given above is correct.		
Signature of Parent/Guardian	Print Name of Parent/Guardian	Date
		, 2010

Organization		Division <small>(PW1,PW2, MB3, MB4, MA5, MA6, JB,7 JB8, JA9, JA10, Prep/Grade)</small>	
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**COMMUNITY YOUTH COUNCIL (CYC)**  
**WAIVER OF LIABILITY (2010/2011)**  
*(To be filed with CYC)*

I, the undersigned, understand that the participation in a basketball league involves certain risks of injury. With this understanding, I, the undersigned parent (or guardian) of

[Print registrant's name]

consent to my son's/the registrant's participation as a player in the Community Youth Council sports and basketball league. I am aware that basketball is a strenuous sport and that participation in basketball games, training, and conditioning can result in physical injury such as sprains, broken bones, head injuries, and on occasion, even death. I am fully familiar with my child's medical and physical condition. My child has no illness or other medical condition which prevents him or her from fully participating in a vigorous sport such as basketball or which would be aggravated or exacerbated by or otherwise result in a worsening of my child's medical or physical condition due to his or her participation in basketball games, training or conditioning. I understand the coaches, assistant coaches, parents and other team members acting in such capacities or the capacity of activity supervisors will rely on the foregoing representation. For and in consideration of my child being permitted to participate in CYC and their affiliated organizations, and in their basketball games, training and conditioning, I, the undersigned parent or guardian, hereby voluntarily waive, release, discharge, and relinquish for myself and my family, including my child, our heirs, successors, and assigns, any and all liability, claims, suits, actions, or causes of actions anticipated or unanticipated, against the coaches, assistant coaches, parents, and other team members, for personal injury, death, or property damage occurring to my child arising from my child's participation therein and in any activity incidental thereto wherever or however the same may occur, and whether the same may arise from the negligent acts or omissions of any of said persons, or otherwise. This waiver shall remain in effect throughout the current season (including tournaments and CYC sanctioned events) or until CYC is otherwise notified.

If it becomes necessary for my child to have medical, surgical, or dental care while participating in any of the aforementioned activities, I hereby authorize the coaches, assistant coaches, parents or team members, acting in such capacities or as activity supervisors, as my agents to consent to medical, surgical, or dental examination and treatment. In case of such emergency, I hereby authorize treatment and care by any physician at any hospital.

In case of an emergency for which I cannot be reached, please contact:

<b>Emergency Contact:</b>			
<b>Relationship:</b>		<b>Telephone</b>	

I have read all of the foregoing and am fully aware of the legal consequences of signing this instrument.

<b>Signature of Parent/Guardian</b>	<b>Print Name of Parent/Guardian</b>	<b>Date</b>

## COMMUNITY YOUTH COUNCIL (CYC) PLAYER/PARENT/COACH CODE OF CONDUCT (2010/2011) *(To be filed with CYC)*

The code of conduct covers the behavior of **a player, coach, parent** and **spectator** involved with CYC. Conduct rules must be upheld before, during, and after the contest. If a code violation occurs, it should be brought to the attention of the **league director**, or in their absence, any other CYC representative, who will investigate the alleged incident(s) and take appropriate action.

### General Rules of Conduct

1. **Show respect** for players, coaches, referees, scorekeepers, spectators, public property and equipment at all times.
2. Teach the players that **rules of the game** are mutual agreements, which no one should evade or break. All players must play by the rules.
3. Remember that players **participate for fun**. They are not playing for the entertainment of spectators. They are not professionals.
4. Ensure only rostered players and coaches may sit on the bench side of the court. All others must **sit on the opposite side** of the court, space allowing.
5. Be responsible in your demands on **players' time, energy and enthusiasm**.
6. **Follow the advice of a physician** when determining when an injured player is ready to recommence play.
7. Be aware of your **role as an educator** as well as imparting knowledge and skills, and promoting desirable personal and social behaviors.
8. No individual shall appear in, on or around a facility at any time **under the influence** or in possession of alcohol or controlled substance.
9. No individual shall **smoke** on facility premises.

### Sportsmanship

10. Display modesty in victory and graciousness in defeat.
11. Be a good sport. Treat all players as you would like to be treated. Acknowledge all good players whether they are on your team or the other team. Never ridicule or abuse a player for making a mistake during competition. Be positive!
12. Put forth your best effort at all times. You and your team's performance will benefit.
13. Work cooperatively with the players, coaches, spectators, referees, scorekeepers, league directors and CYC representatives in keeping order. Without them there would be no competition.

### Verbal and Physical Abuse

14. Never argue with a referee. If you disagree, only the coach may enter a discussion with the referee and always in an appropriate manner.
15. Control your temper. Verbal and physical abuse of referees, players, coaches, scorekeepers, or CYC representatives, deliberately distracting or provoking an opponent is not acceptable or permitted.
16. Avoid offensive gestures or language. Avoid use of all derogatory language especially if based on gender, race or impairment.

League Directors are responsible for investigating all violations of the Code of Conduct and taking appropriate action based on the results on the investigation. For any violation not specified in the Code, the action taken shall be at the discretion of the League Director. Any participant removed from a game must leave the park or school facility immediately. Failure to do so will result in further sanctions being imposed on the individual, team or organization at the discretion of the CYC Board. Any participant having been once penalized by enforcement of the "Code of Conduct" and reported again for violating the "Code of Conduct" will be subject to additional sanctions as determined by the CYC Board. Coaches and Parent representatives are responsible for the actions of their players and spectators at all times during a CYC activity or event.

Player Printed Name	Father/Guardian Printed Name	Mother/Guardian Printed Name
Player Signature	Father/Guardian Signature	Mother/Guardian Signature
Organization	Date	
	, 2010	

Division <small>PW1,PW2, MB3, MB4, MA5, MA6, JB7, JB8, JA9, JA10, Prep/Grade</small>	
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**COMMUNITY YOUTH COUNCIL (CYC)**  
**AUTHORIZATION FOR THIRD PARTY TO CONSENT TO**  
**TREATMENT OF A MINOR LACKING CAPACITY TO CONSENT (2010/2011)**  
*(To be filed with Team Organization, if required)*

(I)/(We), the undersigned parent(s)/person(s) having legal custody/legal guardianship of

\_\_\_\_\_, minor, do hereby authorize \_\_\_\_\_  
 (Player's Name) (Organization Name)

as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority to power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care, which a physician meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**(I)/(We) hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my)/(our) above named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.**

I understand that any cost incurred for emergency medical, surgical, or dental treatment shall be my sole responsibility.

<b>Medical Insurance Carrier</b>		<b>Group #:</b>	
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Does your child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes  No

If yes, please describe the condition below:

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This authorization shall remain effective until \_\_\_\_\_ October 1 , 2011 , unless sooner revoked in writing and delivered to said agent(s).

Relationship (check one)    Parent     Legal Guardian     Person having legal custody

<b>Signature of Parent/Guardian</b>	<b>Print Name of Parent/Guardian</b>	<b>Date</b>