

**City of Gonzales**

**Youth Sports Registration Form**

Soccer     Volleyball     Basketball     Girls Softball     Mini T-Ball     Flag Football

**Player Information**

Name (First & Last) _____	Date of Birth _____	Age _____	Grade _____	M <input type="checkbox"/> F <input type="checkbox"/>
Mailing Address _____			City _____	State <b>CA</b> _____
Lives With <input type="checkbox"/>	Parent / Guardian ( <b>Call First</b> ) _____	Primary Phone Number _____	Secondary Phone _____	
Lives With <input type="checkbox"/>	Parent / Guardian _____	Primary Phone Number _____	Secondary Phone _____	
Emergency Contact (other than listed above) _____	Relation _____	Primary Phone Number _____	Secondary Phone _____	
To receive info by text message please provide cell # _____	Cell Number _____	_____		
To receive info by email please provide address _____	Email _____	_____		

**Health History**

**In the event of an emergency, the City of Gonzales requests the following information:**

My child has no known health conditions to note

**Please mark the following conditions that your child suffers from or has suffered from:**

Asthma     Fainting     Blood Sugar     Heart Trouble     Emotional  
 Seizures     Eyes     Ears     ADD/ADHD     Other (must explain)

**Please explain all marked items:** \_\_\_\_\_

In an emergency please take my child to:    SVMH    Natividad    Mee Memorial

**Shirt Size**

**Toddler**    XXS (size 2)    XS (size 4) - **SMALL SIZES FORPRESCHOOL ONLY**  
**Youth**    YS (6-8)    YM (8-10)    YL (10 -12)    **Adult**    AS    AM    AL    AXL

Limited sizes available based on uniforms ordered by the City. First come, first served.

**Requests**

*Players may request two participants and their coach. **Requests are not guaranteed.***

<b>Coach</b>	Name _____	Reason _____
<b>Player 1</b>	Name _____	Reason _____
<b>Player 2</b>	Name _____	Reason _____

**Refund Understanding**

I understand that all fees are non refundable unless my child becomes ill or injured prior to the start of the activity. Refunds will only be issued with documentation from a certified physician.

Parent Initials \_\_\_\_\_

**Parent Code of Conduct**

1. I shall not criticize Officials.
2. I shall not "Grand Stand" the Coaches)
3. I will set a good example of sportsmanship for the children.
4. I will encourage my kids AND the rest of the kids on the team.
5. I will address any team or player problems quietly and only with the team coach.
6. I will make an effort to attend and be on time to all team events.
7. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
8. I will always refrain from using abusive or profane language.
9. I will remember the officials are in control of the game and I will follow their instructions.
10. I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:
  - Verbal warning by official or league administrator
  - Written warning by official or league administrator
  - Parental game suspension of 1 – 4 games

Parent Initials \_\_\_\_\_

**I agree to follow the rules myself and hold my family members and guests to the same standards as set forth by the City of Gonzales' Parent Code of Conduct**

Waiver of Liability: I hereby accept any and all responsibility for and assume the risk of any and all injury or damage to my person or dependant children which might arise directly or indirectly as a result, and or participation in a City of Gonzales function. . I hereby indemnify, defend and hold harmless the City, its officers, officials, directors, employees and agents from and against any or all loss, liability, expense, claim, costs (including costs of defense), suits, and damages of every kind, nature and description directly or indirectly arising from participation in city sponsored activities. I certify that I am familiar with the contents of this release, that I have and understand the same, and that it is my intention by signing this release that the same be binding not only to me but my heirs, administrators, executors, successors, and assigns.

Consent to Treat: The information is correct so far as I know, and the person described has my permission to engage in all prescribed activities. In the case of sickness or accident, the City of Gonzales has my authority to secure, at my expense, such medical attention as deemed necessary if unable to communicate with me immediately.

Photo Release: I hereby grant the City of Gonzales full rights to copyright, exhibit and publish in any medium including but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs taken of me and or my child anyplace programs are held by the City of Gonzales.

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

Volunteer Interest

I am interested in volunteering as a :  Head Coach  Assistant Coach  Umpire/ Referee  Team Mom

Name (First & Last) \_\_\_\_\_ Email address \_\_\_\_\_ Primary Phone \_\_\_\_\_ T-shirt Size \_\_\_\_\_ YES NO  
Name of Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Coached for COG \_\_\_\_\_

The City of Gonzales will waive one registration fee for every team coached. This policy applies to head coaches only. A deposit check in the amount of the regular registration fee will be required at the time of commitment. The deposit check will be returned to the writer of the check when the season is complete and the following commitments have been met: Passed Background and Fingerprint Check, attend all coaches meeting and the season has been completed. The check will be cashed if the applicant: fails the Background and Fingerprint check, changes their mind about coaching, does not complete the season as head coach or does not attend coaches meetings without rescheduling. **I understand he City of Gonzales Head Coach Fee Waiver Policy as stated above and I commit myself to coaching a team to the best of my ability.**

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

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Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Assignment

Resident  Non Resident Amount Paid \_\_\_\_\_  
Date Paid \_\_\_\_\_ GL Receipt # \_\_\_\_\_ Staff \_\_\_\_\_  
 Coaches Deposit Coach deposit Check # \_\_\_\_\_

Team