



# GRAYSLAKE COMMUNITY PARK DISTRICT Sports / League Emergency Form

Sport _____
Age/Grade _____ Shirt Size _____ Height _____

Child's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: Home (if diff from child's): \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: Home (if different from child's): \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### EMERGENCY CONTACT PERSONS (besides parents):

Name: _____	Relationship to Child: _____	Phone: _____
_____	_____	_____
_____	_____	_____

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

### IS THERE ANYONE NOT AUTHORIZED TO TRANSPORT YOUR CHILD FROM GAMES AND/OR PRACTICES?

Name: _____	Relationship to Child: _____	Phone: _____
_____	_____	_____
_____	_____	_____

Please add any additional information you feel is necessary for the coach to know about your child:

\_\_\_\_\_

### EMERGENCY TREATMENT

A minor may not be treated (even in an emergency situation) except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, and children under the age of 18 except in cases of extreme emergency.

As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will, with the purpose of authorizing medical treatment under emergency circumstances in my absence.

### IN CASE OF AN EMERGENCY, MY CHILD MAY BE TAKEN TO THE NEAREST HOSPITAL BY PARAMEDICS

YES \_\_\_\_\_ NO \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian (PRINT): \_\_\_\_\_

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

# Grayslake Community Park District Youth Sports Code of Ethics Policy



## Player's Code of Ethics:

I hereby pledge to be positive about my youth sports experiences and accept responsibility for my participation by following this pledge:

**I will...**

- ...encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- ...attend every practice and game that I can, and will notify my coach if I cannot.
- ...do my very best to listen and learn from my coaches.
- ...treat my coaches, other players, officials and fans with respect regardless of race, sex, creed or abilities and I will expect to be treated accordingly.
- ...encourage my parents to be involved with my team in some capacity because it is important to me.
- ...do my very best in school.
- ...remember that sports participation is an opportunity to learn and have fun.

**I deserve...**

- ...to have fun during my sports experience and will alert parents or coaches if it stops being fun.
- ...to play in an environment that is free from drugs, tobacco and alcohol and to expect adults to refrain from their use at all youth sports events.

**I understand that failure to comply with this policy may lead to disciplinary action being taken against me-such disciplinary action may include suspensions or expulsion from the program, with no refund of program fees.**

## Parent's Code of Ethics:

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this pledge:

**I will...**

- ...encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports events.
- ...place the emotional well-being of my child ahead of my personal desire to win.
- ...insist that my child play in a safe and healthy environment.
- ...require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- ...support coaches and officials working with my child, in order to encourage a positive, enjoyable experience for all.
- ...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.
- ...remember that the game is for youth, not adults.
- ...do my best to make youth sports fun for my child.
- ...ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- ...promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, or whatever I am capable of doing.
- ...be responsible for the behavior of the other members of my family and of any guests we may invite to a game.

**I understand that failure to comply with this policy may lead to disciplinary action being taken against me, family members, guests and/or my child - such disciplinary action may include suspensions or expulsion from the program with no refund of program fees.**

**We have read, understand and accept the above Code of Ethics Policy and agree to maintain the highest level of ethics and sportsmanship towards players, officials, opponents, coaches and administrators.**

Player: \_\_\_\_\_ Date: \_\_\_\_\_

Parents: \_\_\_\_\_ Date: \_\_\_\_\_

Program \_\_\_\_\_ Level \_\_\_\_\_ Coach \_\_\_\_\_