



Athletic Emergency Form

Season: _____

Year: _____

Participant Name	Gender	Birthdate

Address:		
City:	State:	Zip Code:

Please check program you are currently registering for:

- | | | |
|--|--|--|
| <input type="checkbox"/> T-Ball | <input type="checkbox"/> Feeder Basketball | <input type="checkbox"/> Girls Softball League |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Youth Volleyball | <input type="checkbox"/> Youth Basketball |
| <input type="checkbox"/> Girls Travel Softball | | |

Parent/Guardian Information

Mother/Guardian 1 Information	Name:	
Primary Phone:	Secondary Phone:	
Email:	<input type="checkbox"/> Check box if authorized to pick up child	

Father/Guardian 2 Information	Name:	
Primary Phone:	Secondary Phone:	
Email:	<input type="checkbox"/> Check box if authorized to pick up child	

Emergency Contact

Emergency Contacts must be persons other than parents/guardians listed above

Name:	Relationship to Child:
Primary Phone:	Secondary Phone:

Name:	Relationship to Child:
Primary Phone:	Secondary Phone:

Name:	Relationship to Child:
Primary Phone:	Secondary Phone:

Authorized Pickup Information

I give permission to the Grayslake Park District to release my child to the persons listed below.

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

Medical & Health History

Please check all that apply. Include specifics where applicable.

Illnesses	Allergies – include specifics	Others/Special Needs
<input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Seizures* Please use space below to specify type and frequency of the seizures: <input type="checkbox"/> Other* Please use the space below to specify:	<input type="checkbox"/> Insect Bites/Stings <input type="checkbox"/> Pollen <input type="checkbox"/> Latex <input type="checkbox"/> Medicines/Drugs <input type="checkbox"/> Nuts <input type="checkbox"/> Milk <input type="checkbox"/> Food (specifics) <input type="checkbox"/> Other Please explain type of allergy and severity of reaction: <hr/> Severe Allergies Does your child require an: <input type="checkbox"/> EpiPen <input type="checkbox"/> Inhaler If yes: <ol style="list-style-type: none"> 1. Parent/Guardian must fill out the <i>Allergy Action Plan Form</i> 2. Parent/Guardian must supply the Grayslake Park District with the required medication. 	<input type="checkbox"/> Wears Contacts/Glasses <input type="checkbox"/> Fainting <input type="checkbox"/> Ear Problems/Tubes <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Emotional Behaviors <input type="checkbox"/> ADD/ADHD <ul style="list-style-type: none"> <input type="checkbox"/> Medicated <input type="checkbox"/> Non-Medicated <input type="checkbox"/> Nose Bleeds Will your child be taking medication during this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <ol style="list-style-type: none"> 1. Parent/Guardian must complete the <i>Permission to Dispense Medication Form & Waiver</i>. 2. Parent/Guardian must supply the Grayslake Park District with the required medication.

Are there any special family circumstances we should be aware of (i.e. divorce, recent move, etc.)?

I have read and understand the Athletic Program Parent Handbook and agree to the Grayslake Park Districts Code of Conduct listed in the handbook.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent/Guardian Signature: _____	Date: _____
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I give my permission for my child to receive necessary health care and emergency medical treatment. This Athletic Emergency Form is complete and accurate. I will not allow my child to attend if they become exposed to any contagious disease, or if for any reason, I do not consider my child to be in good physical condition.

Parent/Guardian Signature: _____ Date: _____

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:

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:

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 _____