

Athletic Emergency Form

Season:	Year:			
Participant Name		Gender	Birthdate	
Address:		Chatai	Zin Coder	
City:		State:	Zip Code:	
Please check program you are	e currently registering for:			
□ T-Ball □ Feeder Basketball		🗆 Girls Softball League		
🗆 Flag Football	Youth Basketball	□ Girls Travel Softball		
Youth Volleyball				
Parent/Guardian Informa	ation			
Devent/Counting 1 Information	n News			
Parent/Guardian 1 Information Name: Primary Phone:		Secondary Phone:		
Email:		Check box if authorized to pick up child		
Parent/Guardian 2 Informatio	n Name:			
Primary Phone:		Secondary Phone:		
Email:		Check box if authorized to pick up child		
Emergency Contact				
Emergency Contacts must be pe	ersons other than parents/gua			
Name:		Relationship to Child:		
Primary Phone:		Check box if au	thorized to pick up child	
Name:		Relationship to Ch	nild:	
Primary Phone:		□ Check box if authorized to pick up child		
			·····	
Name:		Relationship to Ch	nild:	
Primary Phone:		Check box if authorized to pick up child		
Authorized Pickup Inform				
If any additional people are aut	horized to pick up your child,	please complete thi	is section. (Optional)	

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Medical & Health History

Please check all that apply. Include specifics where appl	licable.
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Illnesses	Allergies – include specifics	Others/Special Needs	
Heart defect/disease	Insect Bites/Stings	Wears Contacts/Glasses	
Musculoskeletal Disorders	Pollen	Fainting	
Bleeding/Clotting Disorders	Latex	Ear Problems/Tubes	
🗆 Type 1 Diabetes	Medicines/Drugs	Hearing Impairment	
🗆 Type 2 Diabetes	🗆 Nuts	Emotional Behaviors	
□ Seizures*	🗆 Milk		
Please use space below to specify type	Food (specifics)	□ Medicated	
and frequency of the seizures:	□ Other	Non-Medicated	
	Please explain type of allergy and severity of reaction:	□ Nose Bleeds	
		Will your child be taking medication during this program?YesNo	
□ Other* Please use the space below to specify:	 Severe Allergies Does your child require an: EpiPen Inhaler If yes: Parent/Guardian must fill out the Allergy Action Plan Form Parent/Guardian must supply the Grayslake Park District with the required medication. 	 If yes: 1. Parent/Guardian must complete the <i>Permission to</i> <i>Dispense Medication Form &</i> <i>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.

🗆 Yes 🗆 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: _____

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:

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