

 **PO Box 747**

 **Iva SC 29655 www.Ivarecreation.com**

 **Registration Form Revised: 7/15/19**

**Baseball/Softball $55 Wee/Teeball $45 Wrestling $50 Girls Volleyball 4th-9th $45**

**Basketball $50 Football $60 Cheer $30**

Child’s Full Name: ( M / F )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_

Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does child live w/you? Y / N

**Please circle the applicable sport & age group:**

**Football/Cheer:** 8U, 10U, 12U **Baseball/Softball:** 8U, 10U, 12U **Wee/Teeball:** 3yrs-6yrs

 **Wrestling:** 1st-6th grade **Basketball:** 6U, 8U, 10U, 12U **Girls Volleyball :** 4th – 9th grade

**I am interested in becoming a volunteer with the ICRA (coach, team parent, etc.) YES / NO Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Medical Info:***

Childs Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Childs Insurance Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a medical or physical condition we should know about? (Yes / No)... describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of Emergency, do we have permission to seek medical attention for your child? (Yes / No)…. Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*The ICRA provides accidental insurance coverage to registered participants. HOWEVER, this is NOT a primary insurance carrier. This policy pays AFTER any primary coverage carried by the parent/guardian.**

**Youth Code of Conduct**

I will remember that I am here to have fun, display good sportsmanship at all times, respect official’s decisions, play according to the rules, be respectful of ALL other players, regardless of their ability level.

 **Parental Code of Conduct**

I will be a good role model for my child and others.

I (and my guests) will not engage in any kind of un-sportsman like behavior with any official, coach, player or parent. (This includes booing, taunting, or arguments.) I will respect official’s decisions and teach my children to do the same.

I will not use profanity or foul language at practices or games.

I will encourage my child to play according to the rules and to settle disagreements without hostility.

I will not ridicule ANY child for making a mistake or losing a game.

I will not disrespect Iva Recreation, Coaches, Players, Players Parents etc, via Social Media

I will show appreciation for volunteer coaches, officials, and recreation staff. Without them, my child could not participate.

I will review the Youth Code of Conduct with my child and make sure they understand it.

I understand that any violation of this code of conduct will result in my child’s removal from the program. In the event that my child is removed from the program, no fees or uniform costs already paid will not be refunded. I understand that I am responsible for the return of any uniforms/sports equipment distributed on loan to my child during any sport and failure to return this equipment may prohibit my child from further participation in other Iva Rec sports.

**STATEMENT OF RELEASE:**

**With full knowledge of the recreational program sponsored by the Iva Community Recreation; we the undersigned by this agreement, release the Iva Community Recreation from any and all claims for any injuries received while the above named applicant is engaged in the participation of the above named activity. We do fully release the Iva Community Recreation Volunteers and the coaches from all claims arising while in the participation of these activities (including transportation to and from these activities).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date