



Community Recreation Association

P.O. Box 747, Iva, SC 29655

www.ivarecreation.com

<i>For Office Use Only</i>
Address Verified: _____
Amount Paid: _____
Circle: CASH CHECK
Check # _____
Staff Initials: _____

Youth Sports Contract

Revised: 1/29/09

Football \$60 Cheerleading \$25 Baseball/Softball \$45 Basketball \$40 Wrestling \$40

Child's Full Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Home Address: _____ City: _____ Zip Code _____

Mailing Address: _____ City: _____ Zip Code _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

School Attended: _____ School District: _____

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

If not, Name/#of whom child lives with: _____

I understand that I am responsible for the return of any uniforms/sports equipment distributed on loan to my child during the course of this sport. I understand that failure to return this equipment may prohibit my child from further participation in the ICRA Sports Programs. Signature: _____

Please circle the applicable sport & age group:

Football:	Cheerleading:	Basketball:	Baseball:	Softball:	TeeBall	Wrestling
8-Under	8-Under	6-Under	8-Under	8-Under	5 & 6 yr.	5 yrs. & Older
10-Under	10-Under	8-Under	10-Under	10-Under		
12-Under	12-Under	10-Under	12-Under	12-Under		
		12-Under				

I am interested in becoming a volunteer with the ICRA (coach, team parent, etc.) and would like to be contacted regarding availability. YES NO

Telephone number for contact: _____

Medical Info:

Childs Physician/Family MD: _____ Phone # _____

In case of an emergency, do we have your permission to seek medical attention for your child?

Yes _____ No _____ Signature _____

Does your child have a medical or physical condition that we should know about?

Yes _____ No _____ If yes, describe _____

Does your child have medical insurance?

Yes _____ No _____ Insurance name _____

****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.**

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

Youth Code of Conduct

I will remember that I am here to have fun.

I will display good sportsmanship at all times.

I will respect official's decisions.

I will play according to the rules.

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

I will respect official's decisions and teach my children to do the same.

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 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 even that my child is removed from the program, I understand that any fees or uniform costs already paid will not be refunded.

Parent/Guardian Signature:

Date Signed:
