# PARENT CONSENT (Please complete legibly and in ink)

I hereby give permission to my child to participate in the Ticonderoga Youth
Commission Soccer or Biddy Basketball Program.

Commission I will not hold the Town of Ticonderoga, Youth Commission members, The Youth Commission Recreation Supervisor/Director, Chaperones, nor the Ticonderoga School District responsible for any accident or injury to my child. Child Name Grade Date of Birth Parent/Guardian Signature CHILD'S HEALTH SURVEY Name of Parent/Guardian:\_\_\_\_\_ Phone:\_\_\_\_\_ Address:\_\_\_\_\_ Alternate #: Emergency Contact & Phone: Does your child have any of the following illnesses? (Please check all that apply) Allergies Diabetes Heart Disease
Asthma Discharging Ear High Blood Pressure
Bronchitis Epilepsy Recent Surgery Epilepsy Explain each of the items checked above: Date of Last Tetanus Toxoid Vaccine received \* **EMERGENCY CARE PERMISSION FORM** In the event your child may need emergency treatment, he/she will be taken to the nearest hospital. Below is a form, which will allow the hospital to administer proper treatment. Upon receipt of the completed form, we will retain it in our files for presentation to the hospital if need arises. I hereby grant permission to administer emergency care, including Tetanus and Toxoid vaccine if necessary to my son/daughter\_\_\_\_\_\_\_ I accept responsibility for all Medical Expense. Signature Date

Relationship to Child

### **HEALTH RECORD**

| Child's Name                         | Age        | D.O.B.                                   |        |          |
|--------------------------------------|------------|--|--------|----------|
| Address                              |            |  |        |          |
|                                      |            | Phone:                                   |        |          |
| Parent or Guardian                   |            | rnone,                                   |        | -        |
|                                      |            |  |        |          |
| Emergency Contact if Parents can NOT | be reached | Phone Number                             |        |          |
|                                      | YES N      | 0  | YES    | NC       |
| Allergies/Hay Fever                  |            | Elevated Blood Pressure                  |        |          |
| Bee Sting Allergy                    |            | Headaches                                |        |          |
| Asthma                               |            | Head Injury/Concussion                   |        |          |
| Bladder Kidney Problem/Injury        |            | Heart Problem/Murmur - pains             |        |          |
| Chicken Pox                          |            | Hepatitis                                |        |          |
| Constipation                         |            | Measles/Mumps                            |        | 1        |
| Convulsions/Seizures                 |            | Nose Bleeds/Frequent or Severe           |        |          |
| Fainting Spells                      |            | Ankle Injury                             |        |          |
| Frequent Colds                       |            | Back Pain/Injury                         |        |          |
| Frequent Sore Throat                 |            | Fracture-Dislocation Bones/Joint         |        | $\vdash$ |
| Diabetes                             |            | Knee Pain/Injury                         |        |          |
| Ear Problem/Hearing Loss             |            | Neck Injury                              |        |          |
| Eye Problem/Vision Loss              |            | Nose Fracture                            |        |          |
| Injury to Spleen                     |            | Ivy, Oak or Sumac Poisoning              |        |          |
| Joint Sprain/Ligament tear/pull      |            | Tetanus Toxoid                           |        |          |
| One Kidney                           |            | One Testicle                             |        |          |
| Hospitalized in last 6 months        |            | Orthodontic Appliances                   |        |          |
| Taking any Medication Now            |            | Capped Teeth                             |        |          |
| Wear Glasses                         |            | Wear Contact Lenses                      |        |          |
|                                      | LY OF A    | NY CHANGES TO ANYTHING ON THE            | S FOR  | M        |
|                                      |            | nission to the Physician selected by the |        |          |
|                                      |            | very effort will be made to contact the  |        | ents     |
| in the event of the emergency.       |            | ,  | F      |          |
| 8,                                   |            |  |        |          |
| Parent/Guardian Signature            |            | Date                                     |        |          |
| S                                    |            |  |        |          |
| • •                                  | _          | in the Ticonderoga Program. I unde       |        |          |
|                                      |            | and the Town's insurance is the secon    | ndary. |          |
| The Town of Ticonderoga is NOT       | responsi   | ble for any accidents of injuries.       |        |          |
|                                      |            |  |        |          |
| Parent Signature                     |            | Date                                     |        |          |

### **CONFIDENTIAL** MEDICAL HISTORY

### Please fill in the chart below or attach a copy of your child's shot records

|                     | Dates of Immunizations   |                    |
|---------------------|--|--------------------|
| Diphtheria          |  |                    |
| Measles             |  |                    |
| Mumps               |  |                    |
| Polio               |  |                    |
| Rubella             |  |                    |
| Tetanus             |  |                    |
| Hepatitus           |  |                    |
| ALL                 | REQUIRED MEDICATION  PLEASE REMEMBER  MEDICINE MUST BE LABELED | WITH:              |
| Child's Name        | Name of Medication   | Dosage             |
| Time Given          | If Refrigeration is needed                                     | Special Conditions |
| Time Given          | Instructions   | Special Collations |
|                     | MUST KNOW THE FOLLOWING MEDICATION AT THE PROGRA               |                    |
| Recognize Name      | Recognize Medication   | Dosage             |
| Know what it is for | Know how to take it  | Know when taken    |
| NAME OF MEDICATIO   | N:   |                    |
| SPECIFIC INSTRUCTIO | ONS:   |                    |
| Child's Name        | Parent's Name  |                    |

# Town of Ticonderoga Youth Commission Code of Conduct

### Coaches/Recreation Specialist/

### Recreation Supervisor/Activity Aides & Attendants

I understand that my responsibilities as a Youth Coach/Recreation Specialist/Recreation Supervisor/Activity Aide or Attendant are of great importance and my actions have the potential to significantly influence and or possible mold the young person's future, as a Coach/Recreation Specialist/Recreation Supervisor/Activity Aide or Attendant.

I understand that many children participate in many activities for numerous different reasons, and that the number one reason is to have fun!

I understand that as a youth Coach/Recreation Specialist/Recreation Supervisor/Activity Aide or Attendant I am obligated to honor the game rules, opponents, officials, teammates and self, and to teach individuals to do the same.

Therefore, by participating as a youth activities volunteer Coach/Recreation Specialist/Recreation Supervisor/Activity Aide or Attendant, I shall adhere to the following codes.

### A. I shall create an appropriate environment for the children that:

- Focuses on safety, fun, skill development and education.
- Has a positive lasting impact on the children of our community.
- Promotes building character and learning life skills.
- De-emphasizes a win and or loss at all cost and have a positive attitude.
- Is fair, consistent, and best meets the emotional and physical needs of all children.
- Builds a culture where winning and or loosing is not defined by outcome of competition, but by the individual needs of all the children.

### B. I shall act responsible and do my best to assure that:

- I properly educate participants the importance of teamwork, effort, having fun and playing fair while properly instructing age appropriate fundamentals and skills.
- I provide participants the best education, instruction and organization possible by attending required meetings, clinics and certifications.

- I am familiar with the objectives of the Ticonderoga Youth Commission program. I strive to achieve these objectives and communicate them to my players and their parents and or chaperons.
- I cooperate with the administrator of our organization in the enforcement of rules and I shall report irregularities that violate sound competitive practices.
- I provide a healthy and safe environment for my participants which are in accordance with Ticonderoga Youth Commission safety procedures and provide safe instructions and use of equipment.
- C. I shall display appropriate behavior –I understand that violation of the following shall jeopardize my privilege to be a Coach/Recreation Specialist/Recreation Supervisor/Activity Aide or Attendant for the Ticonderoga Youth Commission.
- I shall treat each player, opposing Coach/Recreation specialist/Recreation Supervisor/Activity Aide or Attendant, Official, Parent and or Chaperon and or Administrator with respect and dignity and refrain from using profanity, intimidation tactics and inappropriate language.
- I shall uphold the authority of officials who are assigned to the contest in which I am a Coach/Recreation Specialist/Recreation Supervisor/Activity Aide or Attendant and I shall assist them in every way to conduct fair and impartial competitive contests.
- D. Terminal Behavior I understand that violation of the following codes shall result in immediate termination of my privilege to be a Coach/Recreation Specialist/Recreation Supervisor/Activity Aide or Attendant with the Ticonderoga Youth Commission
- I shall never smoke in or on the Armory property, Recreational Fields and or School Grounds, and or in front of my team during practices, travel, games and or competition.
- I shall never be a Coach/Recreation Specialist/Recreation Supervisor/Activity Aide or Attendant while under the influence of drugs and or alcohol.

I shall never initiate and or participate in any form of verbal and or physical assault on any staff, volunteer, Parent, chaperon or child

### Course of Action

Disciplinary action by the Town of Ticonderoga Youth Commission and or its program coordinators in response to a Coach/Recreation Specialist/Recreation Supervisor/Activity Aide or Attendant violating the Coach/Recreation Specialist/Recreation Supervisor/Activity Aide or Attendant code of conduct may include but not limited to:

### Verbal warning

Asking offenders to leave the premises

| Forfeiture and or cancellation of the game and or any other disciplinary action the Town of Ticonderoga Youth Commission deems appropriate                           |
|--|
| With my signature, which I voluntarily affix to this contract, I acknowledge that I have read, understood, and shall do my best to fulfill the promises made herein. |
| PRINT NAME & date  |
| Coach/Recreation Specialist/Recreation Supervisor/Activity Aide or Attendant   |
|  |
| Signature & date   |
| Coach/Recreation Specialist/Recreation Supervisor/Activity Aide or Attendant   |

April/2016

# Town of Ticonderoga Youth Commission

## Parent/ Guardian and or Chaperone Code of Conduct

The purpose of our program is to teach fair play, teamwork, provide healthy recreational outlets and build character. I need to remember that I am a role model for our children and my behavior needs to be appropriate for this recreational level.

#### Parent Responsibilities:

- 1. Each Parent/ Guardian and or chaperone shall abide by the Parent Code of Conduct that he/she signed at registration.
- 2. Each Parent/ Guardian and or chaperone is responsible for getting their child/children to practice and or games on time in good health and prepared to play the sport.
- Each parent/ Guardian and or chaperone is responsible for promptly informing the coach/recreational specialist of health and or injury issues.
- 4. Please call your coach/recreational specialist when your child/children is going to be absent
- 5. Do not drop off your child/children unless the coach/recreational specialist is present
- 6. Do not drop off your child/children that are non-participating on the team that is practicing.
- With your decision to stay at practice, please keep your non-participating child/children from interfering with the practice.
- Support your coach/recreational specialist by having your child/children help out putting equipment away before leaving practices and or games.
- 9. I shall treat players, coaches/recreational specialist and officers with respect and expect the same in return.
- 10. I shall do my part to help the officials teach my child/children the rules and fundamentals of the game.
- 11. I shall remember that the officials are not perfect and they are doing the best they can to call a good game and I shall accept their decision.
- 12. I shall support the coach/recreational specialist and officials to provide a positive and encouraging atmosphere for my child/children.

#### Parents:

- 1. I shall do my part to keep drugs, alcohol and tobacco away from the participants and the recreational field.
- I shall encourage sportsmanship by showing respect and courtesy and by demonstrating positive support for all
  players, coaches/recreational specialist, officials and or spectators at every game and or practice and or other
  sporting events.
- 3. I shall not engage in any kind of unsportsmanlike conduct with any official, coach/recreational specialist, player and or parent such as booing and or taunting and or using profane language and or gestures.
- I shall encourage my child and or the children to play by the rules and or resolve conflicts without resorting to violence and or any unsportsmanlike action and or using profane language and or gestures.
- 5. I shall refrain from attempting to coach and or being a recreational specialist and or manipulate players during the games and or practices.
- 6. I shall teach my child/children that doing ones' best is more important than winning, so that my child/children will never feel defeated by the outcome of a game and or his/her performance.
- 7. I shall applaud good efforts by all players and let the coaches/recreational specialist point out the mistakes.
- 8. I shall encourage my child/children to treat all other players, coach/recreational specialist and or referees with respect.
- 9. I shall remember that the game is for the children and not adults.
- 10. I shall put the emotional and physical being of my child/children first above everything else.
- 11. I shall remember that the goal of youth sports is the education, development and enjoyment of participating in the sport and not just the outcome.
- 12. I shall do my best to make sure my child/children has an enjoyable experience, win or lose
- 13. I shall do my part to provide a safe and fun environment
- 14. I shall remember all participants/players hear and see how parents and coaches/recreational specialist act and or react to situations and they will follow the example acted out in front of them good or bad.

### **Course of Action**

| Disciplinary Action in response by a Parent/Guardian and or Chaperone Braking the Code of Conduct: The Town o |
|---|
| Ticonderoga Youth Commission and or its Program Coordinators may include but not limited to:                  |

- 1. Verbal Warning
- 2. Asking Offenders to leave the premises
- 3. Forfeiture and or cancellation of the game and or any other disciplinary action the Town of Ticonderoga Youth Commission deems appropriate

| Name Print |      |
|------------|------|
|            |      |
|            |      |
|            |      |
|            |      |
| ature:     | Date |

April/2016

# Town of Ticonderoga Youth Commission

### Participant's/Player's Code of Conduct

A participant/ player in the Ticonderoga Youth Commission Program is expected to conduct themselves in a sportsmanlike manner, both as a player and a spectator, I am participating in a team sport and "Teamwork" is essential. Whether the game is won or lost is the result of the efforts of the entire team and not that of one individual.

#### Players:

- 1. I shall learn the rules of the game and abide by them.
- I shall control my temper at all times. Verbal and or physical abuse of officials and or other players, deliberately distracting, taunting and or provoking an opponent is not acceptable nor permitted.
- 3. I shall co-operate and respect my coach/recreational specialist, teammates, and opponents.
- 4. I shall remember that all participants/players hear and see how parents and coaches/recreational specialist, perticipants/players act and react to situations and they will follow the example acted out in front of them.
- 5. I shall encourage good sportsmanship from fellow players.
- 6. I shall follow all building rules, field rules, respecting at all times the property of others.
- 7. I shall abide by the policies and procedures set forth by the Town of Ticonderoga Youth Commission.
- 8. I shall treat my teammates and follow parents with respect and only positive comments.
- I shall treat the participants/players, coaches/recreational specialist and officials with respect and expect the same in return.
- 10. I shall remember that the officials are not perfect, they are doing the best they can by calling a game and I shall abide by their decisions.

#### **Course of Action:**

Disciplinary action in response to a violation of the player code of conduct by the Town of Ticonderoga Youth Commission and or its Program Coordinators may include but not limited to:

- Verbal Warning
- Asking offenders to leave the premises
- Forfeiture and or cancellation of the game; and or
- Any other disciplinary action the Ticonderoga Youth Commission deems appropriate.

With my signature, which I voluntarily affix to this contract, I acknowledge that I have read, understand and shall do my best to fulfill the promises made herein.

| Participant/Player Print Name |      |   |
|-------------------------------|------|---|
|                               |      |   |
|                               |      |   |
|                               | Date | *************************************** |

Participant/Player's Signature

# TICONDEROGA YOUTH PROGRAM SOCCER OR BIDDY BASKETBALL

| PLAYER'S N     | IAME:  |
|----------------|--|
| JERSEY (#'S A  | RE ASSIGNED RANDOMLY & NAMES ARE NOT PRINTED)  |
|                | ( 6-8 YOUTH SMALL)                             |
|                | (10-12 YOUTH MEDIUM)                           |
|                | (14-16 YOUTH LARGE)                            |
|                | (ADULT SMALL)                                  |
|                | (ADULT MEDIUM)                                 |
|                | (ADULT LARGE)                                  |
|                |  |
| \$             | DUE AT TIME OF REGISTRATION                    |
| PAID BY        | CHECKCASH                                      |
| PLEASE MAKE CH | IECK PAYABLE TO TOWN OF TICONDEROGA, THANK YOU |