

**Crenshaw Athletic Association Application**

Sport \_\_\_\_\_

Fee \_\_\_\_\_

Jersey# (3 choices)- \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Paid Cash \_\_\_\_\_ Ck# \_\_\_\_\_

Membership ID \_\_\_\_\_ Fee \_\_\_\_\_

Uniform size:

Shirt/jersey:

YS YM YL AS AM AL AXL

pants/shorts:

YS YM YL AS AM AL AXL

Applicants Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Elementary School Boundary: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone#: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone#: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell#: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group#: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone#: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

List & explain any and all medical conditions: \_\_\_\_\_

\_\_\_\_\_

List all allergies: \_\_\_\_\_

Is your child currently taking medication? If yes, please list types, dosage and how often it is taken:

\_\_\_\_\_

List any serious illness, past and/or present: \_\_\_\_\_

\_\_\_\_\_

Has your child had a tetanus shot in the past 5 years?    Yes    No

Emergency contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

I, \_\_\_\_\_, give permission for the CAA to photo my child,  
\_\_\_\_\_, and to use the photos as they see fit to benefit the athletic program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Chesterfield Youth Softball Association, Inc. And Member Associations Player Registration Form 2018**

Name of Association: \_\_\_\_\_

\*\*\*Mail Application and Check or Money Order, payable to the appropriate Association\*\*\*

**Player Information:**

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Age**</u>	<u>Age* Group</u>	<u>Ever Played CYSA before</u>	<u>How Many Years</u>	<u>Travel Ball Player?</u>
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Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Age Groups Slow: 6U, 8U, 10U, 12U, 15U & 18U Fast: 10F, 12F, 15F, & 18F

\*\*AGE AS OF DECEMBER 31, 2017

Elementary School District you live in: \_\_\_\_\_ (even if they attend middle or high school)

Parents/Guardian Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I/We, the parent(s) or guardian(s) of the above named player, do hereby give my/our approval for his/her participation in any and all of the activities of the Chesterfield Youth Softball Association, Inc. (CYSA) or its Member Associations to the adult manager, coach, and business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. I assume all risks and hazards incidental to such participation including transportation to and from activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless CYSA, and the organizers, sponsors, supervisors, participants and persons transporting my youth to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. CYSA, Member Associations and all league rules and regulations bind all member and participants. All members are bound by CYSA and its Member Associations Code of Ethics. I agree to return upon request (If required), the uniform and other equipment issued in as good a condition as when received, except for normal wear and tear. I will furnish a copy of a certified birth certificate of the above child/children upon request. By my signature below, I promise to pay the participation fees to the Member Association my player is associated with this season. In the event my child's uniform is not returned, I promise to pay to have the uniform replaced. I understand that if my child's participation fees are not paid, or their uniform returned, the Member Association has the right to effect legal action to collect the money due the association. There will be a \$25.00 charge for any NSF checks presented to CYSA or its member associations. Each child will be covered by a supplementary group accident policy both during practice and the playing season. **By signing below you, your family and friends agree that you have read and agree to follow the Chesterfield County Parent Code of Conduct Form and that you have received a copy. Also, that permission is granted to CYSA to use my youth's picture in future advertisement and literature (including social media) for Chesterfield Youth Softball Association**

Father's/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are interested in helping with a team, please feel free to notify the head coach of your child's team. All adults associated with a team must pass a background investigation with Chesterfield County prior to the first game of the season. These forms are available from the Head Coach.

Chesterfield Youth Softball Association, Inc. \* Web Site: <http://www.leaguelineup.com/cysa> \* E-Mail address: [Email](#)

**OFFICIAL USE ONLY**

AMT DUE: \_\_\_\_\_ AMT PAID: \_\_\_\_\_ BAL DUE: \_\_\_\_\_ CHECK# \_\_\_\_\_ RECEIPT# \_\_\_\_\_

As the parent or guardian of (child's name) \_\_\_\_\_, who is a member of CYSA and its Member Associations, I do hereby acknowledge that my child is in good physical condition and to the best of my knowledge is without such ailments that could create and/or cause problems due to strenuous activity. For example: (asthma, migraine headaches, weak back, bad knees, prone to fainting or dizziness, diabetic, bad heart condition, extreme allergies or other physical and chronic disorders). If any, please explain, as it is to everyone's advantage that we be aware in the event of an emergency. This does not necessarily mean that the child will be unable to participate in the sport. If your child has any of the above named conditions or any other not mentioned, a doctor's release may be required.

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Explain conditions and list any medications:

Medical Diagnosis	Medication	Dosage	Frequency of dosage

Allergies: \_\_\_\_\_

In case of emergency please contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr.'s Phone No.: \_\_\_\_\_

Hospital preference: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Name of Health Insurance Coverage Provider: \_\_\_\_\_

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This is to certify that I, as the parent or guardian of \_\_\_\_\_, a player participating in the organized softball program of the Chesterfield Youth Softball Association, Inc. (CYSA) and its Member Associations, hereby grant permission to the adult manager, coach, and business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Youth Softball Association, Inc., its Member Associations, the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to the player.

We further give authorization and permission for the transportation of the player named herein to a place of medical treatment in the event the player is injured or involved in an incident while participating in said softball program, if in the opinion of any adult associated with said organized softball program, that the nature of the incident is such that the player ought to be examined for the purpose of determining whether or not an injury occurred or that treatment is necessary. We further understand that in the event such transportation or emergency medical is undertaken that every reasonable effort will be made to notify either a parent or legal guardian as soon as possible.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\*Please include both parents/guardians names

**Crenshaw Athletic Association**  
**Athlete Code of Conduct**



My goal is to become the best player I can be. Only I am responsible for my behavior and work ethic. I am fully committed to the Crenshaw Athletic Association and therefore I will:

- Conduct myself in a manner to bring credit and prestige to myself and the program;
- Focus on my schoolwork first and athletics second;
- Attend every possible practice, game and team function. If I am unable to attend, I will personally notify my coach;
- Be ready for practices and games ON TIME;
- Communicate, both on and off the field, with my teammates and coaches for mutual understanding;
- Discipline my body, including adequate sleep, a healthy diet and ABSTAIN from alcohol, tobacco and illegal drugs;
- Learn from my mistakes and never make excuses or blame others;
- Accept all coaching comments and assignments only as ways in which the team and I might improve;
- Ignore errors of my teammates, as I believe no one is trying to make a mistake;
- Support the full effort and good skills my teammates exhibit;
- Respect the decisions of the coaches, officials and adults who are there to provide good experience for me;
- Realize that a team is made up of individuals and everyone has a role. I will accept my role on the team and do whatever it takes to be the best I can be.

I pledge not to use profane language or to be physically, verbally or otherwise abusive toward any official or referee no matter the reason. Penalties for doing so, and embarrassing both myself and the CAA program, are understood to be an immediate removal from the current sport venue and suspension from the next game (1<sup>st</sup> Offense), and removal of my entire family from CAA for the remainder of that sport season (2<sup>nd</sup> Offense). Abuse of any type directed at an athlete shall result in immediate suspension pending a hearing before the CAA Executive Board.

Any athlete found in possession of alcohol, tobacco, illegal drugs or engaged in inappropriate or unlawful behavior will be immediately suspended from the program and be released to the custody of their parent(s)

Player Signature: \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Crenshaw Athletic Association**  
**Parent Code of Conduct**



I have given permission for my child to participate in Crenshaw Athletics. We have discussed the risks, commitments, and sacrifices involved and are committed to the success of the program. I understand and accept the obligations of participating, with the following in mind:

- I pledge to encourage good sportsmanship by demonstrating **positive** support for all participants, coaches, officials and any CAA event either home or away;
- I will treat all participants (players, coaches, officials/referees, spectators) with the same respect that I would want for my child;
- I pledge not to use abusive or profane language or be physically abusive toward an official or referee and understand that the penalty for doing so will be immediate removal from the game venue (1<sup>st</sup> Offense), suspension **for me and my child** from the next game (2<sup>nd</sup> Offense), or suspension **for entire family** from the CAA program for the remainder of that sport season (3<sup>rd</sup> Offense);
- I will remember that CAA is for the athletes and not for the adult. I will not use the coaches as a babysitting service and will supervise any children I bring to the field for practices, games or events;
- I will conduct myself in ways that reflect positively on CAA and bring credit to our program;
- I understand that the coaches will place and play my child as they deem best for both the team and my child's ability. I will accept and not interfere with their decisions;
- I will respect my child's coaches and do my best to have my child at all practices, games, and activities on time. I will recognize the importance of volunteer coaches to the success of the program and the growth of my child and will support them as best I can;
- I will support our team, and all those who volunteer to run the CAA programs, as they strive to give my child a positive experience. I will volunteer when I can and understand that I will be asked to participate in activities such as providing occasional snacks/drinks or assist in fundraising efforts such as working the concession stand at games.

I give my permission to the Crenshaw Athletic Association to use my child's pictures or likeness which may be taken at any activity or event for use in advertising, promotional materials, website displays, or publications.

I understand that the CAA will use email to contact me regarding practice or game changes, helpful information, and team updates in general. I can be reached at the following email address(es):

Email Address: \_\_\_\_\_ registered under the name of \_\_\_\_\_  
Email Address: \_\_\_\_\_ registered under the name of \_\_\_\_\_  
Email Address: \_\_\_\_\_ registered under the name of \_\_\_\_\_

Child's Name \_\_\_\_\_ Sport: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIAL**



**Authorization for Medical Care of a Minor**

I, \_\_\_\_\_ the undersigned parent/legal guardian of \_\_\_\_\_, do hereby authorize Crenshaw Athletic Association, To Consent to any x-ray examination, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

**IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND** that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations, I will not be able to knowledgeably evaluate and choose among the available alternative treatment(s) or procedure(s), if an, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Info:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Work Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Work Telephone # \_\_\_\_\_

**Medical Contact Info:**

Doctor Name. \_\_\_\_\_ Phone # \_\_\_\_\_  
Blood Type \_\_\_\_\_ Medical Allergies \_\_\_\_\_  
Date of Minor's Last Tetanus Shot: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
Medical Condition \_\_\_\_\_ Current Medications \_\_\_\_\_

- I have voluntarily provided the above contact information and authorize Crenshaw Athletic Association and its representatives to contact any of the above on my behalf in the event of an emergency.
- I choose not to furnish any emergency contact information to Crenshaw Athletic Association at this time.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## **Chesterfield County Parks and Recreation** **Parents Code of Conduct**

The Chesterfield County Parks and Recreation Advisory Commission has adopted the following code of conduct as a result of its concerns for good sportsmanship in cosponsored youth activities. Youth sports can be used as an opportunity for young people to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants. By participating in Chesterfield County Youth Sport Programs, all parties must abide by the **Code of Conduct**. Violations may result in the loss of privileges at county facilities.

I (and my guests) will be a positive role model for my children and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.

I will respect the officials and their authority. I will refrain from questioning, discussing or confronting coaches during the game, and will take time to speak with the officials or coaches at an agreed upon time and place.

I will remember that children participate to have fun and that the game is for the youths, not the adults.

I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.

I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.

I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

**I have read and understand the code of conduct and consent to abide by all listed terms.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_