



Youth Sports Program Registration Form



To register for our Youth Sports Program, please complete this application and return it (along with full payment and birth certificate) to the *City of Watsonville Parks & Community Services Department Customer Service Center* located at 231 Union Street. For more information, visit our website at www.watsonvillerec.com, or call us at (831) 768-3240.

Make checks payable to: City of Watsonville

PARTICIPANT INFORMATION		Sport:	<input type="checkbox"/> Futsal	<input type="checkbox"/> Soccer
Last Name: _____	Gender:	First Name: _____	MI: _____	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: ____/____/____		
		Month Day Year		
Is the participant currently taking any medication?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please list: _____
List any special needs or medical conditions: _____				
Are you interested in playing co-ed in the event we don't have enough female participants?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uniform Size: YXS YS YM YL AS AM AL AXL		Place me with my friend: _____		
(Circle one)		(Not guaranteed)		

PARENT/GUARDIAN INFORMATION	
Last Name: _____	First Name: _____ MI: _____
Address: _____	
City: _____	State: ____ Zip Code: _____
Home Phone: _____	Cell Phone: _____
Work Phone: _____	E-mail: _____
How did you hear about our Youth Sports Program?	
<input type="checkbox"/> PCS Recreation Guide <input type="checkbox"/> PCS Website <input type="checkbox"/> PCS Flyer <input type="checkbox"/> Facebook/MySpace/Twitter <input type="checkbox"/> Channel 70 <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend/Relative <input type="checkbox"/> School <input type="checkbox"/> Other: _____	
Are you, or your spouse interested in becoming a volunteer youth sports coach?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you, or your spouse coached for the <i>City of Watsonville</i> in the past?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which season & which team? _____	

PROGRAM INFORMATION
I, the undersigned, do hereby grant permission for Watsonville Parks & Community Services staff to obtain emergency medical treatment if warranted, including calling an ambulance, any physician, or paramedic, deemed necessary. Any expense incurred as described above will be borne by the participant's family. The undersigned, in consideration of participation in this program, agrees to indemnify and hold the City, its employees and its agents harmless from any and all liability for any injury, death, loss or harm that occurs by the above named individual registered in this program arising out of, or in any way connected with, participation in this program. I hereby authorize and give consent to the City of Watsonville, its successors and assigns, to copyright, broadcast, publish, and display all photographs and videos taken by them in which I and/or my child appear.
Parent/Guardian Signature: _____ Date: _____
**No refunds will be issued two weeks prior to the start of the league. If cancellation occurs with more than two weeks, you will receive the full amount minus a \$10 cancellation fee. Initials _____
**Canceled games due to inclement weather or other natural disasters that may place patrons or players in peril may not be rescheduled. Initials _____
LASTLY, PLEASE READ AND SIGN THE PARENTS' CODE OF ETHICS ON THE BACK OF THIS FORM. ⇨

OFFICE USE ONLY	<input type="checkbox"/> Birth Certificate	Division:	<input type="checkbox"/> U6	<input type="checkbox"/> U8	<input type="checkbox"/> U10	<input type="checkbox"/> U12
Received By: _____	Date: _____	Entered in RecWare By: _____	Date: _____			
Payment:	<input type="checkbox"/> Cash (\$ _____)	<input type="checkbox"/> Check (# _____)	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	Receipt #: _____	

"We Create Community Through People, Parks & Programs"

Parents' Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parents' Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will 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.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will 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.
- I will remember that the game is for youth—not adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will read the National Standards for Youth Sports and do what I can to help all Youth Sports organizations implement and enforce them.

Signature: _____

Date: _____