



# Berkshire Recreation Association Registration

PO Box Box 61, Burton Ohio, 44021 • info@berkshirerec.org • www.berkshirerec.org



LAST NAME \_\_\_\_\_ FIRST NAME (Parent) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL(s) PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

I would be interested in helping or coaching the following:  
\_\_\_\_\_ (sport)

Please Check (For Soccer Only):  Fall  Spring

### FOR OFFICE USE ONLY

Date \_\_\_\_\_ Total Amt. Rec. \_\_\_\_\_

Make checks payable to:  
Berkshire Recreation Association

Cash  Check # \_\_\_\_\_

**IMPORTANT: Please list ALL special medical needs:**

Participant (One child per form)

Sport

Birth Date	Grade	Fee
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Shirt Size

(check one) Youth  S  M  L  XL -or- Adult  S  M  L  XL

**Cheerleading Only:** Please also note sweatshirt size next to shirt size. Sweatshirt sizes also available in Youth or Adult S, M, L, or XL

We, the undersigned, do hereby consent to our registrant's participation in the listed program(s). Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed by Berkshire Recreation Association, I/we do further release its agents and employees from any and all claim or liability to us for any damages or injuries which may be sustained by said registrant in connection therewith.

Parent/Guardian Signature & Date \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, if parents/guardians cannot be reached at phone numbers listed, please contact:

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Insurance Carrier:** This department *does not* provide insurance for participants. You must have insurance coverage for your child before enrollment in activities is granted.

Insurance Carrier \_\_\_\_\_

### Consent

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Preferred Physician \_\_\_\_\_

Phone # \_\_\_\_\_

Preferred Dentist \_\_\_\_\_

Phone # \_\_\_\_\_

or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Parent/Guardian Signature & Date \_\_\_\_\_

### Refusal of Consent

I **do not give consent** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish authorities to take no action or to (specify)

Parent/Guardian Signature & Date \_\_\_\_\_

### Photography Disclaimer

I hereby give permission for images of my child, captured during any Berkshire Recreation Association sporting practices or events through video, photo and digital camera, to be used solely for the purposes of Berkshire Recreation Association promotional material such as but not limited to website, print, advertising, brochures.

Parent/Guardian Signature & Date \_\_\_\_\_

**BERKSHIRE REC SPORTS PARENT CODE OF CONDUCT**

The sports programs emphasis is on enjoyment and developing individual skill as well as team play. This is not to say that winning is not important, but it should not be the primary aim of the program. As a parent of an athlete we feel that the essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship, respect, responsibility and caring. The highest potential of sports is achieved when completion reflects these elements.

I therefore agree:

- 1) I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game and practice.
- 2) I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- 3) I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
- 4) I will abide by the 24 hour policy. If I have a complaint or concern regarding my child, I will not discuss the situation during a game, practice or in front of my child. I will inform the coach that I have a problem and would like to speak to them the next day (24 hr).

**BERKSHIRE REC SPORTS PLAYERS CODE OF CONDUCT**

As an athlete, you are responsible for adhering to the following guidelines and regulations. The purpose of these guidelines and regulations is to help you achieve both individual and team goals, developed individual skills as well as an enjoyment of the sport. It is a privilege to play for your team.

I therefore agree:

- 1) My school work comes first. There will be no penalty for being late to practice or a game because you had to finish school work.
- 2) My family obligations will take precedents over my athletics.
- 3) I will attend all practices and games, as this will only benefit my individual and team goals. I will provide my coaches with adequate notice if I must be absent.
- 4) I will, under no circumstances, be disrespectful to coaches, team members, officials or opponents.
- 5) I will not fight or use curse words.
- 6) I will win with grace and accept defeat with dignity; and remember that sporting events are for the fun and enjoyment of all.
- 7) I WILL DEMONSTRATE GOOD SPORTSMANSHIP AT ALL TIMES.

Please sign your name in the respective fields below. By signing this form you and your athlete agree to adhere to the code of conduct stated above.

Parent Name: \_\_\_\_\_

Athlete Name: \_\_\_\_\_