EDEN PROWLERS Youth Sports

Panther Pride!

Please submit all digital forms to

prowlers@cityofeden.onmicrosoft.com

Players Name: _____ DOB: _____

School: _____ Parent/Guardian: _____

Address: _____

Contact Number: _____ Email: _____

Check What Team Your Child is Signing Up For:

2nd to 5th Grade Volleyball: _____ $25

6th to 9th Grade Volleyball: _____ $25

Qualify for financial hardship: Yes ☐ No ☐
(**proof will be required from Dept. of Social Services**)

Child will be place on a team for the grade they are entering for the upcoming school year. A payment must be sent in with this form to guarantee your child a spot on this year's team. This registration fee includes the uniform cost, insurance cost, and all other fees in relation to your child participating. If you family qualifies for financial hardship proof must be provided to the City of Eden in the form of Rockingham County Department of Social Services Notice of SNAP Benefit (Supplemental Nutrition Assistance Program).

Insurance Information

All participants must have their own medical coverage. The league provides only excess coverage after your insurance policy has been utilized. Participants will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the participant.

Insurance Company: _____

Policy #: _____

*** A copy of the player's birth certificate must be received before your child can be allowed to participate.***

*** A copy of something from the school your child attends must be received before you child can be allowed to participate (Attendance Record, Report Card). This shows the child is an "Eden" child unless they are a returning player.**

EDEN PROWLERS Youth Sports

Panther Pride!

Please submit all digital forms to
prowlers@cityofeden.onmicrosoft.com

Parents' Code of Conduct

1. I will not force my child to participate in sports.
2. I will teach my child that hard work is as important as victory.
3. Children learn by example. I will applaud good plays by our team and by any member of the opposing team.
4. I will encourage my child to play by the rules.
5. I will work towards over-all athletic development and good sportsmanship.
6. I will not criticize an official's judgment or their integrity.
7. I will not be **verbally or physically** abusive to children, coaches, fans, officials, or other parents.
8. I recognize the importance of our volunteer coaches.
9. I will support my child's involvement in sports and maintain a realistic expectation about his performance.
10. I understand that I am a youth sport parent, and that the game is for the children, not the adults.
11. **My child will have at least a 2.5 GPA. I will provide a copy of my child's last report card if requested.**
12. I will not use any tobacco or alcohol products around any youth at any City of Eden Prowlers events or activities.
13. I understand undesired conduct will result in my being banned from all City of Eden Prowler related events.
14. I understand that a $4.00 gate fee will be charged at home and away games to pay for the rented fields and the professional umpires.

_____ _____

Parent or Guardian Date

EDEN PROWLERS Youth Sports

Panther Pride!

Please submit all digital forms to
prowlers@cityofeden.onmicrosoft.com

Equipment

I assume full responsibility for any and all equipment/uniforms provided to the child herein, and I agree to promptly return the all equipment issued to the child in the same or similar condition as when received except for normal wear and tear associated with practice and games. If I fail to adhere to this policy, I **am** responsible for the **replacement cost** of such equipment.

Child _____

_____ _____

Parent or Guardian Date

EDEN PROWLERS Youth Sports
Panther Pride!

Please submit all digital forms to
prowlers@cityofeden.onmicrosoft.com

Medical Information and Release Form

Name_____ Weight_____ DOB_____

Address_____ City_____ Phone_____

Email_____

Parent(s)/Guardian_____

Home Phone_____ Cell Phone_____

Emergency Contact/Phone_____

My child has the following conditions you should know about:

☐ Allergies ☐ Diabetes ☐ Epilepsy ☐ Hyperactivity
☐ Heart Disease ☐ Kidney Disease ☐ Physical Disorder ☐ Learning Disability
☐ Emotional Disability ☐ Other (Explain on separate sheet)

Does your child take any prescribed Medication? ☐ If so, please list on a separate sheet.

Participant's Doctor: _____ Phone: _____

I, the undersigned, hereby certify that I am the parent or legal guardian of the child referenced herein. I hereby give permission for the staff of PTYFL and/or City of Eden Youth Football, also known as the Prowlers, to seek appropriate medical attention in the event of accident, injury, or illness. I understand and acknowledge that I am responsible for any and all costs associated with medical attention and treatment, except for that covered by the league's excess medical coverage policy.
I, the undersigned, hereby acknowledge and understand that PTYFL and/or Eden Youth Football, also known as the Prowlers, are privately run recreational leagues, and is not operated by or through Rockingham, Alamance, Randolph or Guilford County School Systems. The league is neither sponsored, controlled, nor supervised by the Rockingham, Alamance, Randolph or Guilford County School System, but rather is under the sole sponsorship, control and supervision of PTYFL and the Prowlers.

_____ _____
Parent/Guardian Date

Online form users:

If your child has any medical conditions or medications they take that we need to be aware of, please list them in the space below.

EDEN PROWLERS Youth Sports

Panther Pride!

Please submit all digital forms to
prowlers@cityofeden.onmicrosoft.com

Waiver of Liability

The undersigned does hereby acknowledge, understand, and state that I am fully aware of the potential dangers associated with participation in any sport and I further acknowledge, understand, and state that football, baseball, softball, or any other sport are inherently dangerous games which can result in and/or lead to **SERIOUS INJURIES, PERMANENT INJURIES, PARALYSIS, DISABILITY, PERMANENT DISABILITY, AND/OR DEATH**. In addition, I fully acknowledge, understand, and state that protective equipment does not prevent all participant injuries.

Having had full and complete opportunity to consider my child's decision to engage in these violent and inherently dangerous activities, and after having had the opportunity to ask questions regarding the dangers associated with participation in these violent and inherently dangerous activities, I do hereby waive, release, absolve, indemnify, and agree to hold harmless the PTYFL and the City of Eden Prowlers, and any and all organizers, sponsors, supervisors, participants, coaches, and persons transporting the child herein to and from activities, from any liability or claim arising
out of any injury to my/our child whether the result of negligence or for any other cause.

Child's Name _____

_____ _____

Parent or Guardian Date