

EXCELSIOR SPORTS

Try Out Form

Return form to Excelsior office
or fax to: 925-634-5120

Player's Name: _____

Sport: _____

New

Returning

Address: _____

Date of Birth: _____

Gender: _____

Grade : _____

Parent(s): _____

Home Phone: _____

Parent Work Phone: _____

Parent Cell Phone(s): _____

Email: _____

Emergency Contact _____

Name: _____

Phone: _____

Questions about sports programs call Leslie at 925.872.3292

EXCELSIOR SPORTS
Registration Form

Player Data

Player's Name: _____

Sport: _____

New

Returning

Address: _____

Date of Birth: _____

Gender: _____

Grade: _____

Parent(s): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact

Name: _____

Phone: _____

Health & Medical Information

Physician: _____

Phone: _____

Address: _____

Medical Plan: _____

Number: _____

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the medication given: _____

List any physical restriction or restriction for any sport activity based on medical condition: _____

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? _____

Yes No

State any reasons you do *not* want medical care given to your child in an emergency: _____

IT IS STRONGLY RECOMMENDED THAT EACH CHILD HAVE A PHYSICAL EXAMINATION PRIOR TO PARTICIPATING IN ANY SPORTS ACTIVITY.

Parental Permission and Acknowledgement

Parental Permission and Acknowledgement of Conditions for Participation in Program

I/we, parent or authorized guardian of the child registered, give permission for his/her participation in all related activities, including but not limited to transportation to and from games or practice sessions.

I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from Excelsior staff or adult volunteer leaders/coaches.

I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any sport activity, whether or not caused by the negligence of school or agents, volunteers or other participants.

I/we understand that children competing in athletic and recreational sports programs risk injury to the body, psyche, or property damage to themselves and others. Such injuries can be caused by teammates, other persons, or accidentally intentionally self inflicted, faulty equipment, facilities, conditions of recreational facilities or the schools or parishes where sports activities are held, vehicle accidents while in transport or through the activity itself. Protective equipment used in a sports activity is not a safeguard against injury.

Release and Waiver of Liability Agreement

In consideration for being permitted to participate in the sports activities of Excelsior Middle School, use the equipment provided and to enter the premises or facilities of Byron Unified School District, for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

To release, waive, discharge and promise not to sue the Byron Unified School District, and its affiliated entities, its officers, directors, employees, agents and volunteers from all liability for any loss or damage and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or parent/guardian, whether caused by negligence or other conduct by the adult/guardian while the minor child, parent, or guardian is participating in BUSD sports activities or in upon or about the premises of the BUSD or any of its facilities or equipment.

To indemnify and hold harmless the releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of BUSD, its facilities or equipment, or while participating in any BUSD sports activities whether caused by the negligence of releasees or otherwise.

That the parent or guardian has read this agreement, voluntarily accepts the agreement, and that no oral representations, statements, or inducements apart from the contents of this agreement have been made.

Parent Signature

Date

Deliver by Hand: Submit this completed form and a check for \$50 made out to BUSD, to the Excelsior Office.

To register by mail: Submit this completed form and a check made out for \$50 to BUSD to:

Excelsior Middle School 14301 Byron Hwy Bryon , Ca. 94514 Attn: Leslie Dixon.

Questions: Contact Leslie Dixon at 925-872-3292 or dixongang6@comcast.net

Parent Code of Conduct

- 1. I will remember that children participate to have fun, and that the game is for youth, not adults.**
- 2. I (and my guests) will be positive role models 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, practice or other sporting event.**
- 3. I (and my guests) will not engage in any unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands, or using profane language or gestures.**
- 4. I will teach my child to play by the rules and to resolved conflicts without resorting to hostility or violence.**
- 5. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.**
- 6. 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.**
- 7. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.**
- 8. I will emphasize skill development and practices, and how they benefit my child, over winning. I will also de-emphasize games and competition in the lower age groups.**
- 9. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.**
- 10. I will respect the officials and their authority during games and will never question, discuss or confront coaches at the game field, and will take time to speak with coaches at an agreed-upon time and place.**
- 11. I will refrain from coaching my child or other players during games and practices unless I am an official coach.**
- 12. If any parent does not adhere to these rules and sign below you will be asked to leave the Timber Point property. The game will not continue until you have left the property.**

Each Parent Sign On Other Side.

Excelsior Uniform Agreement

As a parent of Excelsior Basketball Program, I agree to the following conditions by initialing below:

_____ Pay a uniform deposit of \$75.00 for an Excelsior issued basketball uniform
Initial consisting of 1 pair of shorts and 1 jersey.

_____ Return the uniform at the end of the season at one of the designated times.
Initial

_____ Follow uniform washing instructions. Wash uniform separately in cold water.
Initial Line dry.

_____ If I do not return **all** components of the basketball uniform in good condition, I
Initial will forfeit my **entire** uniform deposit. The uniform deposit covers the actual cost of replacing the uniform should it not be returned in good condition.

Player's Name: _____

Player's Grade: _____

Player's Gender: M F (Please circle)

Parent's Signature: _____

Please make checks payable to Byron Union School Dist. If uniforms are returned at the end of the year, checks will be shredded and discarded. If you want your check returned instead, please initial here. _____

For office use only:	
Check #:	_____
Team:	_____
Uniform #:	_____
Date Returned:	_____