

PARTICIPANT REGISTRATION FORM

Chipley Recreation Department, 1544 N. Railroad Avenue, Chipley, Florida 32428
 Office: (850) 638-6348 / Fax: (850) 638-6318
 E-mail: palspark@cityofchipley.com



Parent/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail _____

City of Chipley Resident: () Yes () No

Emergency Phone _____

Program Information: (ACD – Age Control Date)

T-Ball (4-5) ACD Sep. 1st

T-Ball (6) ACD May 1st

Softball (7-12) ACD January 1st

Basketball (5-12) ACD Sep. 1st

Baseball (7-12) ACD May 1st

Soccer (4-12) ACD September 1st

REGISTRATION FEES

Early Registration \$37

Regular Registration \$42

Late Registration \$47

Participant Registration: YOU MAY REGISTER MULTIPLE FAMILY MEMBERS ON ONE FORM.

Full Name of Participant	Gender	M/F	Age as of ACD	Birth Date	Sport	Fee

Total Fees: _____

Volunteer Coach Information

Head Coach's Name	Home Phone	Cell Phone	E-Mail

Waiver and Release of Liability: I hereby consent and hold harmless the City of Chipley, its agents, commissioners, officers, volunteers and employees, from any and all liability from personal injuries or damages I may incur, while participating in, traveling to or from, observing of the department sponsored activities. I also give my permission for any photos/videos of these participants taken during the program to be used for future departmental promotional materials. The individuals listed above have my permission to in the mentioned programs.

Parent/Guardian of Minor _____

Date _____

Soccer FAQ Sheet

1. **Can my child play up?** We allow children to play up one age group at the parent's request. **Can my child play down?** NO
2. **Can I request a coach?** You can write the request on the form, but we cannot make any guarantees.
3. **Can I make a carpool request?** Same as #2
4. **When will practices start?** We plan on beginning practice September 18th; however this depends on the number of kids signed up, and available coaches.
5. **What nights and times will practice be?** This will depend on the number of teams.
6. **When will games begin?** We plan on starting October 10th.
7. **What nights and times are games?** This depends on the number of teams.
8. **What equipment will my child need?** A pair of soccer cleats, shin guards and socks long enough to completely cover the shin guards.
9. **Can my children be on the same team?** If they are in the same age group they will be placed on the same team.
10. **Can I coach?** Fill out a coach's form. They will be available at the time of registration, or you can print one from the City's website
11. **Can I umpire?** Contact Brock Tate at 850-638-6348
12. **Can I sponsor a team?** Contact Brock Tate 850-638-6348.
13. **What is the City's refund Policy?** We will refund your money, until your team's first game.
14. **How can I get Scheduling information once the season starts?** The coaches will handout schedules. You can also contact Brock Tate 850-638-6348.
15. **How long will the season last?** Begin Practice in September and end the season in November so three and a half months.
16. **When will we be contacted about practice?** Coaches will contact you before your first practice, or you can contact Brock Tate 850-638-6348.
17. **How much does it cost to sponsor a team?** The City does not handle the uniforms. Wait and talk to your coach.

PARENTS CODE OF ETHICS

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this parent's code of ethics pledge:

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or to the youth sports events.
2. I will place the emotional and physical wellbeing of my child ahead of a personal desire to win.
3. I will help assist my child to play in a safe and healthy environment by making sure he/she does not wear any clothing/jewelry, which may pose a risk of injury to my child or any other participant.
4. I will support coaches and officials working with my child, in order to promote a positive and enjoyable experience for all.
5. I will, as a parent, not use tobacco, drugs or alcohol at any sporting event.
6. I will remember the game is for the youth not the adults.
7. I will do my very best to make youth sports fun for my child.
8. I, as a parent, agree not to use any foul language at any sporting event.
9. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, color, creed or ability.
10. I promise to help my child enjoy the youth sport means he/she must never fight with other participants or use abusive or inappropriate language during athletic programs.
11. I will instruct my child to follow the rules and regulations applicable to whatever program he/she is participating in and to instruct my child to follow those rules and regulations which may be applicable to any building, field, court or gym where the program takes places.

PLAYERS CODE OF ETHICS

I hereby pledge to be positive about my youth sports experience and accept responsibility for my participation by following this player's code of ethics pledge.

1. I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
2. I will attend every game and practice if I can, and will notify my coach if I cannot.
3. I will do my very best to listen and learn from my coaches.
4. I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed or abilities and I will expect to be treated accordingly.
5. I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun.
6. I will encourage my parents to be involved with my team in some capacity because it is important to me.
7. I will remember that sports are an opportunity to learn and have fun.
8. I will follow the rules and regulations applicable to whatever program I am participating in, including, those rules and regulations which may be applicable to any building, field, court, or gym where the program takes place.



City of Chipley

1442 Jackson Avenue
P.O. Box 1007
Chipley, Florida 32428
(850) 638-6350 Fax: (850) 638-6353

* For Coaches
& Referee's
only!

CRIMINAL HISTORY INFORMATION CONSENT FORM

I, _____ consent to have the City of Chipley submit a Criminal History Information Request to the Florida Department of Law Enforcement for a background check. I understand that the information will be released only to the City Personnel Office.

This examination is being conducted in order to Volunteer with the City of Chipley Recreation Department and work with children involved in sports. Background checks will be part of the Volunteer approval process and will be completed prior to beginning volunteer work. I understand that failure to consent to a criminal history background check or the results of this background check may affect eligibility to volunteer.

I do hereby waive and release all claims, charges or causes of action, I now have or may have in the future against the City of Chipley.

I certify that I have read and understand the above provisions.

Witness Signature

Volunteer Signature

Witness Printed Name

Volunteer Printed Name

Date

Date