**CHESTERFIELD BASKETBALL LEAGUE**

**APPLICATION TO PLAY BASKETBALL**

**APPLICANTS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY AND STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ELEMENTARY SCHOOL BOUNDARY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASSOCIATION: CRENSHAW**

**SCHOOL ATTENDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I/We, the parents or legal guardians for the above candidate for a position on a Chesterfield Basketball League team, hereby give My/Our approval to his/her participation in any and all league activities**

**I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Basketball League, Inc., the organizers, sponsors, supervisors, participants and person transporting My/Our son or daughter, except to the extent and in the amount covered by accident or liability insurance.**

**I/We agree to return all uniforms and other equipment issued to My/Our son or daughter in as good condition as when received except for normal wear and tear.**

**I/We will furnish a certified birth certificate or other proof of birth of the above named candidate at this or initial sign in.**

**I/We understand that My/Our son or daughter is an ineligible player if he/she is named on any roster of any official school basketball team, whether public, private or parochial, during the current school year.**

**Is this candidate covered by Health Insurance?\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO .**

**Name of insurance company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FREE AGENT NOT REQUIRING RELEASE**

|  |
| --- |
| **The above named participant qualifies as a free agent without release from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **association to play for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ association because his/her parent was a \_\_\_\_\_\_\_\_\_\_\_\_\_**  **for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ association the previous year of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **for the current year.** |

**FREE AGENT REQUIRING RELEASE**

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| --- |
| **The above player is hereby released from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ association to play**  **for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ association in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ division.**  **REASON FOR RELEASE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **AUTHORIZED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Home Association Voting Rep or President)** |

**APPROVED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**League Official**

|  |
| --- |
| PLACE  BIRTH CERTIFICATE STICKER  IN THIS SPACE |

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**

**READ BEFORE SIGNING**

**IN CONSIDERATION OF my child/ward being allowed to Name of Minor Child/Ward participate in any way in the Chesterfield Basketball League and its member associations related events and activities, the undersigned acknowledges, appreciates, and agrees that:**

**The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,**

**1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child’s participation; and,**

**2. I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,**

**3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Chesterfield Basketball League and its member associations; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child’s involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.**

**4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.**

**5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.**

**I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**Name of Child/Ward:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNDERSTANDING OR RISK**

**I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.**

**Name of Child/Ward:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Child/Ward:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.**

**Crenshaw Athletic Association Contact Information**

Level: ⃝ Rookie(7/8) ⃝ Cub(8/9) ⃝ Bear(10) ⃝ Minor(11) ⃝ Nets(12) ⃝ Intermediate(13) ⃝ Junior(14/15) ⃝ Senior(16/17/18)

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age (as of 12/31/22):\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the CAA will use email to contact me regarding practice or game changes, helpful information, and team updates in general. I can be reached at the following email address(s):

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ registered under the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ registered under the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Crenshaw Athletic Association Picture Release**

I give my permission to the Crenshaw Athletic Association to use my child’s pictures or likeness which may be taken at any activity or event for use in advertising, promotional materials, website displays, or publications.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIAL - Authorization for Medical Care of a Minor**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do hereby authorized **Crenshaw** **Athletic Association,** TO CONSENT to any x-ray examination, surgical or dental diagnosis or treatment and hospital careto be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hostel care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments of pr procedures, if an, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Date \_\_\_\_\_\_\_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency please contact \_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor’s Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Minor’s Doctor Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor’s Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Does your child have any known allergies or is your child allergic to any medications? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please list any allergies and their reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAA BASKETBALL REGISTRATION**

Level: ⃝ Rookie(7/8) ⃝ Cub(8/9) ⃝ Bear(10) ⃝ Minor(11) ⃝ Nets(12) ⃝ Intermediate(13) ⃝ Junior(14/15) ⃝ Senior(16/17/18)

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age(as of 12/31/22):\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to help with: ⃝ Coaching ⃝ Assistant Coaching ⃝ Team Mom ⃝ Special Events

⃝ My child will be using their uniform from last season.

⃝ My child will need to order a new uniform. Make selections below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Jersey: | Youth | Adult | Shorts: | Youth | Adult |
|  | ⃝ YXS | ⃝ AS |  | ⃝ YXS | ⃝ AS |
|  | ⃝ YS | ⃝ AM |  | ⃝ YS | ⃝ AM |
|  | ⃝ YM | ⃝ AL |  | ⃝ YM | ⃝ AL |
|  | ⃝ YL | ⃝ AXL |  | ⃝ YL | ⃝ AXL |
|  |  | ⃝ A2XL |  |  | ⃝ A2XL |
| JERSEY NUMBER PREFERENCE  \*\*Select up to 3 numbers 1-55\*\* | | | 1st:\_\_\_\_\_\_\_\_\_\_ | 2nd:\_\_\_\_\_\_\_\_\_\_ | 3rd:\_\_\_\_\_\_\_\_\_\_ |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , do hereby understand the follow:

* CAA fees must be paid by January 3, 2023. No refunds will be issued after December 16, 2022.
* Uniform fee MUST be paid at registration if ordering a new uniform.
* Jersey number request is not a guarantee for jersey number.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Board Use Only**

|  |  |
| --- | --- |
| **Initials** |  |
|  | **CBL Registration Form/CBL COVID Waiver** |
|  | **CAA Contact Information/Photograph Form/Medical Form** |
|  | **CAA Athlete and Parent Code of Conduct** |
|  | **Chesterfield P&R Parent Code of Conduct** |
|  | **Birth Certificate (New Player Only)** |
|  | **Uniform Fee Paid ($60) on \_\_\_\_\_\_\_\_\_\_:**  **Cash: \_\_\_\_\_\_Check: #\_\_\_\_\_\_ PayPal: \_\_\_\_\_\_ Cash: \_\_\_\_\_\_Cash App: \_\_\_\_\_\_ Square: \_\_\_\_\_\_** |
|  | **CAA Basketball Fee Paid on \_\_\_\_\_\_\_\_\_\_:**  **Cash: \_\_\_\_\_\_Check: #\_\_\_\_\_\_ PayPal: \_\_\_\_\_\_ Cash: \_\_\_\_\_\_Cash App: \_\_\_\_\_\_ Square: \_\_\_\_\_\_**  **Payment Plan: 1st (Date & Amount) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd (Date & Amount) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **3rd (Date & Amount) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4th (Date & Amount) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Crenshaw Athletic Association Athlete Code of Conduct**

My goal is to become the best player I can be. Only I am responsible for my behavior and work ethic. I am fully committed to the Crenshaw Athletic Association and therefore I will:

• Conduct myself in a manner to bring credit and prestige to myself and the program;

• Focus on my schoolwork first and athletics second;

• Attend every possible practice, game and team function. If I am unable to attend, I will personally notify my coach;

• Be ready for practices and games ON TIME;

• Communicate, both on and off the field, with my teammates and coaches for mutual understanding;

• Discipline my body, including adequate sleep, a healthy diet and ABSTAIN from alcohol, tobacco and illegal drugs; • Learn from my mistakes and never make excuses or blame others;

• Accept all coaching comments and assignments only as ways in which the team and I might improve;

• Ignore errors of my teammates, as I believe no one is trying to make a mistake;

• Support the full effort and good skills my teammates exhibit;

• Respect the decisions of the coaches, officials and adults who are there to provide good experience for me;

• Realize that a team is made up of individuals and everyone has a role. I will accept my role on the team and do whatever it takes to be the best I can be.

I pledge not to use profane language or to be physically, verbally or otherwise abusive toward any official or referee no matter the reason. Penalties for doing so, and embarrassing both myself and the CAA program, are understood to be an immediate removal from the current sport venue and suspension from the next game (1st Offense), and removal of my entire family from CAA for the remainder of that sport season (2nd Offense). Abuse of any type directed at an athlete shall result in immediate suspension pending a hearing before the CAA Executive Board.

Any athlete found in possession of alcohol, tobacco, illegal drugs or engaged in inappropriate or unlawful behavior will be immediately suspended from the program and be released to the custody of their parent(s)

**Crenshaw Athletic Association Parent Code of Conduct**

I have given permission for my child to participate in Crenshaw Athletics. We have discussed the risks, commitments, and sacrifices involved and are committed to the success of the program. I understand and accept the obligations of participating, with the following in mind:

• I pledge to encourage good sportsmanship by demonstrating **positive** support for all participants, coaches, officials and any CAA event either home or away;

• I will treat all participants (players, coaches, officials/referees, spectators) with the respect;

• I will not use abusive, threatening or profane language or be physically abusive toward anyone and understand that the penalty for doing so will be immediate removal from the game venue (1st Offense), suspension **for me and my child** from the next game (2nd Offense), or suspension **for entire family** from the CAA program for the remainder of that sport season (3rd Offense);

• **I will remember that CAA is for the athletes and not for the adult**.

• I will not use the coaches as a babysitting service and will supervise any children I bring to the field for practices, games or events;

• I will conduct myself in ways that reflect positively on CAA and bring credit to our program;

• I understand that the coaches will place and play my child as they deem best for both the team and my child’s ability.

• I will accept the coaches decisions and not interfere;

• I will respect my child’s coaches and do my best to have my child at all practices, games, and activities on time. I will recognize the importance of volunteer coaches to the success of the program and the growth of my child and will support them as best I can;

• I will support our team, and all those who volunteer to run the CAA programs, as they strive to give my child a positive experience. I will volunteer when I can and understand that I will be asked to participate in activities such as providing occasional snacks/drinks or assist in fundraising efforts such as working the concession stand at games.

Player Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chesterfield County Parks and Recreation Code of Conduct Procedures**

Although the County supports the various sports leagues in many ways, the County cannot assist cosponsoring leagues in enforcing their own internal issues. Each league organizes itself in different ways with a wide range of regulations and enforcement mechanisms. If volunteers, participants, or parents violate internal League rules then each league organization should take appropriate action within its guidelines. However, the county does enforce standards of behavior at county facilities and can prohibit individuals from using county facilities. An individual may be banned from a county facility if:

1. A person engages in any behavior at a county facility which would constitute a crime (e.g. assault or consuming alcoholic beverage) or;
2. A person engages in behavior, which disrupts the use of a county facility for family recreational and sports activity (e.g. sexually harassing behavior, public profanity, or physically disrupting a sporting event).

If the Director of Parks and Recreation receives a complaint of such inappropriate behavior at a county facility, he will investigate the matter and, if necessary, send a letter to the offending person indicating that they are no longer allowed in county facilities. If that person then enters a county facility, a police officer can be called who will ask the person to leave. If the person does not leave, he can be charged with trespassing.

**Chesterfield County Parks and Recreation Parents Code of Conduct**

**The Chesterfield County Parks and Recreation Advisory Commission has adopted the following code of conduct as a result of its concerns for good sportsmanship in cosponsored youth activities. Youth sports can be used as an opportunity for young people to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants. By participating in Chesterfield County Youth Sports Programs, all parties must abide by the Code of Conduct. Violations may result in the loss of privileges at county facilities.**

I (and my guests) will be a positive role model for my children 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 sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.

I will respect the officials and their authority. I will refrain from questioning, discussing, or confronting coaches during the game, and will take time to speak with the officials or coaches at an agreed upon time and place.

I will remember that children participate to have fun and that the game is for the youths, not the adults.

I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.

I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.

I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

**I have read and understand the code of conduct and consent to abide by all listed terms.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_