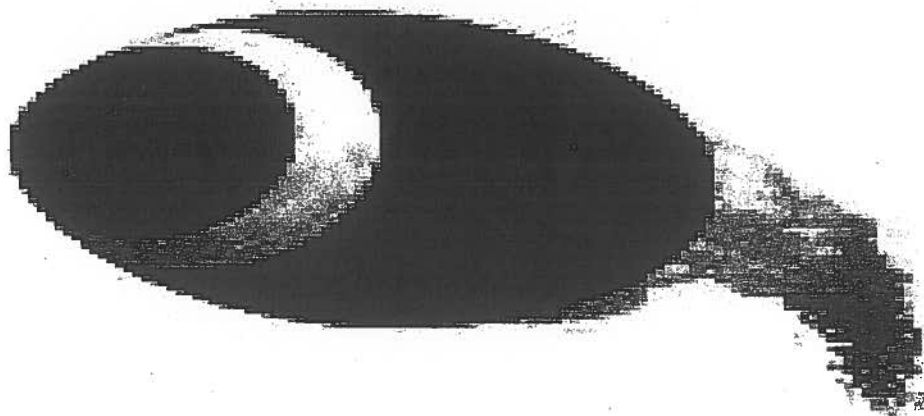




CITY OF LAS VEGAS

YAFL REGISTRATION

\$65.00



DIVISION: _____ JUNIORS 3RD & 4th _____ SENIORS 5TH & 6TH

PARENT/GUARDIAN PRINT NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

AMOUNT PAID: _____ PAYMENT TYPE: _____

CLERK SIGNATURE: _____ DATE: _____

**ABE MONTOYA RECREATION CENTER
YAFL REGISTRATION FORM**

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

D.O.B. _____ Grade: _____ Age: _____

Sex: M _____ F _____ School Attending: _____

Physician: _____ Phone _____

Emergency Contact: _____

Phone _____

Did you play last year: Y N What Team: _____

EQUIPMENT

I/we, understand that should any equipment be lost during the season or not returned at the conclusion of the season, I/we will be held responsible for payment of equipment follows:

FULL UNIFORM: \$180.00—WHICH INCLUDES					
Helmet:	\$80.00	Shoulder Pads:	\$60.00	Jerseys:	\$20.00
Pants:	\$13.00	Pads:	\$ 6.00		

Parent/Guardian (Signature)

Date

Parent/Guardian (Print)

Date

CITY OF LAS VEGAS EMERGENCY MEDICAL AUTHORIZATION FORM

PURPOSE: To enable parents/guardians to AUTHORIZE emergency treatment for children who become ill or injured while under program authority, when parents cannot be contacted. Upon completion parents must return this form to the Abe Montoya Recreation Center. The original form and any copies thereof may be used to identify the medical options of the undersigned parent/guardian.

Participant's Full Name _____

D.O.B. _____

Mother's Full Name _____

Daytime Phone _____

Father's Full Name _____

Daytime Phone _____

GRANTING CONSENT

In case of emergency involving my child where I cannot be reached, I hereby give my consent to transport my child to the following medical care providers, I give any reasonable and customary medical and health care deemed necessary.

Primary Physician _____

Telephone _____

Primary Dentist _____

Telephone _____

If for any reason the above listed medical care providers cannot be reached, I authorize appropriate transport and medical care of my child to any appropriate medical care provider, hospital, and/or medical facility. This authorization does not cover any major surgery unless one other doctor/dentist concur. Nothing in this section shall be constructed to impose liability on any city official or city employee whom in good faith, attempt to comply with this section. It is understood that I will be financially responsible for all emergency care.

Medical Insurance Provider: _____

Group: _____ Policy#: _____

Parent/Guardian Signature _____

Date _____

MEDICAL HISTORY

Facts concerning child's medical history to which a physician should be alerted. All information obtained is considered confidential, except to medical provider

Please indicate if the participant has had, or is currently under treatment for any of the following conditions.

Asthma Diabetes Seizures
 Heart Problems Hepatitis Migraine Headaches
 Bleeding Disorder High Blood Pressure Ear Problems
 Emotional Problems Tetanus (Date) _____ Infectious Diseases
 Meningitis Muscular Weakness Allergies _____

Hospitalized for serious illness, surgery, or accidents? Explain

Use of Contact Lenses? Yes No
 Long Term Medications? _____

Have you ever been treated informed of the need to be on an antibiotic therapy prior to dental treatment? Yes No

Please add any problems not listed: _____

ABE MONTOYA RECREATION CENTER
YOUTH SPORTS PHYSICAL FORM

Name: _____

Age: _____

Program: _____

Head: _____ Chest: _____ Heart: _____

Abdomen: _____ Extremities: _____

Weight: _____ Height: _____

Blood Pressure: _____ Vision: _____

Physicians Signature

Date

Parents Signature

Date

NYSCA Parents Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Code of Ethics.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports events.

I will place the emotional and physical well-being of my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will demand a drug and alcohol-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.

I will remember that the game is for children and not for adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.

I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach agrees to the youth sports Coaches' Code of Ethics.

I will read the NYSCA National Standards for Youth Sports and do everything in my power to assist all youth sports organizations to implement and enforce them.

Parent's Signature
(Your Copy)

Parent's Signature

Date

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Parent's Signature
(Please read, sign, and return)

Parent's Signature

Date