

**PULASKI COUNTY PARKS & RECREATION**  
**Youth Activity Registration Form**

Youth's Full name (First, Middle, Last): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical & Other Concerns: \_\_\_\_\_

Has this participant ever had a head injury or concussion? Yes \_\_\_\_\_ No \_\_\_\_\_

Check Sport: Soccer: 5-7 \_\_\_\_\_ 8-10 \_\_\_\_\_ 11-13 \_\_\_\_\_ 14-17 \_\_\_\_\_  
Baseball: 8-10 \_\_\_\_\_ 11-12 \_\_\_\_\_ 13-15 \_\_\_\_\_ Softball: 8-10 \_\_\_\_\_ 11-12 \_\_\_\_\_ 13-15 \_\_\_\_\_

Please indicate if your child was given a spring credit (2020): \_\_\_\_\_

**Activity Fee: \$20.00** (2<sup>nd</sup> Child \$15.00, 3<sup>rd</sup> Child \$10.00, 4<sup>th</sup> Child \$5.00) Checks Made Payable to: County of Pulaski  
(Office use only:) Amount Paid: Check amount and #: \_\_\_\_\_ Cash: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Main Contact Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**PARENTS'/GUARDIANS' CODE OF ETHICS PLEDGE and Authorization for Participation**

- I agree that in the event of serious injury, my child has my permission for coaches and/or league officials to seek medical treatment as deemed necessary.
- I agree to adhere to league rules and guidelines as outlined in the particular sport of participation.
- I understand that tobacco products are not allowed on any school board properties and will refrain from using tobacco products at any recreation sponsored youth events at other county locations.
- I understand that using profanity or yelling at coaches, game officials, recreation staff and/or approaching them in an aggressive manner can result in suspension and/or a permanent ban from attending future youth events sponsored by Pulaski County Recreation.
- I will encourage good sportsmanship and be a positive example to all players, coaches, and officials at every practice, game, and any other event sponsored by my child's team.
- In the event I have a disagreement with a coach, official, or staff member I will handle the matter in a calm manner with the appropriate person in charge and not in the presence of youth participants.
- I give permission to allow my child's picture to be taken by recreation staff and/or media for newspaper articles and usage on the Pulaski County Recreation website: YES \_\_\_\_\_ NO \_\_\_\_\_

**I hereby certify that I am the parent or legal guardian of the above child, my child's age and date of birth is correct, I have read and agree to abide by the code of ethics pledge, and I approve of his/her participation in the above activity.**

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please indicate below if you are interested in VOLUNTEERING as a head or assistant coaching position. (All coaches must pass a criminal background check.)*

COACH: (your name) \_\_\_\_\_ Email: \_\_\_\_\_

ASSISTANT COACH: \_\_\_\_\_ Email: \_\_\_\_\_