

PULASKI COUNTY RECREATION
Youth Activity Registration Form

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

Birthdate: _____ **Age:** _____ **Male:** _____ **Female:** _____

School: _____ **Grade:** _____

Medical & Other Concerns: _____

Activity/Sport: _____

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

Parent/Guardian Name: _____ **Email:** _____

Phone 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:** _____