



PEMBROKE YOUTH ASSOCIATION REGISTRATION FORM

SPORT: Baseball Basketball Cheerleading Football Soccer Softball Wrestling

Name: _____ Sex: F or M Today's Date: _____

Date of Birth: _____ Current Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Parent/Guardian(s): _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact _____ Emergency Phone # _____

INSURANCE INFORMATION

Insurance Co: _____ Insurance #: _____

Subscriber's Name: _____ Preferred Hospital: _____

Doctor's Name & Number: _____

MEDICAL HISTORY

Is your Child presently on medication(s) YES or NO If yes please list medication(s).

Drug Sensitivities _____

Other allergies, medical problems, or limitations on your child that PYA should be aware of. Please explain fully:

Sign either statement 1 or 2 and the bottom

1. If my child needs medical attention, it is my wish that I am contacted BEFORE any medical procedures are taken on my child, unless treatment is life threatening or to prevent permanent injury.

Parent/Guardian Signature _____ Date _____

2. If my child needs medical attention it is my wish that treatment be started while efforts are being made to contact me. So treatment is not delayed, I consent to any medical procedures that medical staff believes are needed. I accept responsibility for the costs related to such treatment.

Parent/Guardian Signature _____ Date _____

I the undersigned do hereby swear that I am the legal guardian of the above listed child and accept all risk and hazards inherent with this sport.

Parent/Guardian Signature _____ Date _____



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SPORT INFORMATION

Height: _____

Shirt Size: Youth S M L Adult S M L XL

Weight: _____

Shorts/Pants _____

Jersey number:

choice #1 _____ choice #2 _____ choice #3 _____

If a number is not specified above, the coach will assign one.
*Players/parents **will not be contacted individually** for their choice.*

Did your child play this sport last year? YES NO With PYA? YES NO

Coach/Team Name if YES _____

If possible would you like to return to the same team? YES NO

If NO, is there a preference of a team? Team name _____

PLEASE NOTE THAT IF YOUR CHILDS SPORT OPENS THE FOOD BOOTH FOR THE SEASON YOU WILL BE REQUESTED AND REQUIRED TO PARTICIPATE.

PYA USE ONLY

Date: _____

Member: YES NO

Registration Fee \$ _____

Amount Received \$ _____

Balance Due: \$ _____

Check # _____

Received By: _____

****** Any family in need of financial assistance for this sport, please mail this application along with a letter* briefly explaining the request to: PYA P.O. BOX 386 CORFU, NY 14036**

*(*Details of this letter are kept confidential and are only reviewed by the board.)*



REVISED 5/7/18

PLAYER/PARENT CODE OF ETHICS/PLEDGE

The success of our sports season depends on our ability to work together as a team. This involves everyone, and it recognizes both our individual and common goals. The common goal is to create a team that includes each participant sharing equally in the activities and having each individual enjoy them self. The common goal works toward having each participant learn from the adult supervisors and from each other. The winning team does not necessarily mean a season with more wins than losses. It means that everyone met their individual goals and that the common goal was met.

PLAYER'S PLEDGE

1. I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice.
2. I will attend every practice and game that is reasonably possible and notify my coach if I cannot.
3. I will expect to receive a fair and equal amount of playing time. (Football is a minimum of 6 plays per game per NOFA rule.)
4. I will do my best to listen and learn from my coaches.
5. I will treat my coaches with respect regardless of race, sex, creed or abilities, and I will expect to be treated accordingly.
6. I deserve to have fun during my sports experience and will alert parents or coaches if it stops being FUN!
7. I deserve to play in an alcohol, tobacco, and drug free environment and expect adults to respect that wish.
8. I will encourage my parents to be involved with my team in some capacity because it's important to me.
9. I will do my very best in school and my sport.
10. I will remember that a sport is an opportunity to learn and have fun.

CODE OF ETHICS

1. Theft, destruction or misappropriation of funds or property of PYA, or any school grounds that we visit will not be tolerated.
2. Repeated lateness or early departures from practice or games will not be tolerated. Excessive absences will not be tolerated. Missing too many practices can result in the player receiving reduced playing time at the following game, unless the valid reason(s) are communicated to the coach.
3. Do not report to practices/games in a condition that is hazardous to you or other players i.e. if you have a cast, you will only be able to watch the practice/game.
4. No careless, reckless or negligent behavior. NO HORSEPLAY- someone can get hurt.
5. Participating in a fight or committing abusive or intimidating acts or threats toward other players, coaches, team parents, or officials will NOT be tolerated. Be respectful to others. Be a good sportsman at all times.
6. Wear or use of equipment furnished by PYA appropriately.
7. Report all injuries immediately to your coach or team parent.

I, _____ have read and understand the PYA's Code of
(player's name)

Ethic's and Player's Pledge: I will abide by all the rules set forth, as well as any directions by the coaching staff and officers of the Pembroke Youth Association. If any fines are levied against PYA due to the misconduct of a parent and/or player, it will be the responsibility of the parent to pay said fine before the player will be allowed to participate in any further PYA activities.

Player's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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