

Town of Chazy Youth Sports Registration Baseball, Softball, T-Ball, and Soccer

Parent/Guardian Information:

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: _____

* If you do not live in the Town of Chazy (i.e. pay Town of Chazy property taxes) additional forms will be required. The town in which you live, NOT your school district, is the determining factor.

Is a parent interested in coaching or assisting? Yes No

Full Name (Participant 1)				Full Name (Participant 2)			
Age	DOB	Grade (Fall 2022)	Gender	Age	DOB	Grade (Fall 2022)	Gender
<input type="radio"/> Baseball/Softball (May – July)		<input type="radio"/> Fall Soccer (August – October)		<input type="radio"/> Baseball/Softball (May – July)		<input type="radio"/> Fall Soccer (August – October)	
<input type="radio"/> T-Ball (June – July)				<input type="radio"/> T-Ball (June – July)			
Full Name (Participant 3)				Full Name (Participant 4)			
Age	DOB	Grade (Fall 2022)	Gender	Age	DOB	Grade (Fall 2022)	Gender
<input type="radio"/> Baseball/Softball (May – July)		<input type="radio"/> Fall Soccer (August – October)		<input type="radio"/> Baseball/Softball (May – July)		<input type="radio"/> Fall Soccer (August – October)	
<input type="radio"/> T-Ball (June – July)				<input type="radio"/> T-Ball (June – July)			

Do any of the participants have special needs or require accommodations? Yes No

Please describe: _____

Do any of the participants have allergies? Yes No

Please describe: _____

** SEE REVERSE **

RETURN COMPLETED FORMS TO:

**TOWN OF CHAZY
PO BOX 219
9631 STATE ROUTE 9
CHAZY, NY 12921**

OR EMAIL TO:

CHAZYTCLERK@WESTELCOM.COM

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 event.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth – not for adults.
- I will do my very best to make youth sports fun for my child.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, gender, creed, or ability.

Parent/Guardian Signature

Date

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: TOWN OF CHAZY SHALL NOT BE RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE TOWN PROGRAM FOR ANY REASON WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, ORDINARY NEGLIGENCE ON THE PART OF TOWN OF CHAZY, ITS AGENTS, OR EMPLOYEES.

In consideration of my child's participation, I hereby release and covenant not-to-sue Town of Chazy, Town Board of the Town of Chazy, and/or any of their employees, instructors, or agents, from any and all present and future claims resulting from ordinary negligence on the part of the Town or others for property damage or personal injury arising as a result of my child's engaging in or receiving instruction in Town activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my child, or assigns.

Further, I understand that these programs involve certain risks, including, but not limited to, neck and spinal injuries, injury to virtually all bones, joints, muscles, and internal organs, and that equipment provided for my child's protection may be inadequate to prevent serious injury. I am allowing my child to voluntarily participate in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage or personal injury. In addition, I understand I may not always be present in the event of an emergency, and I hereby give permission for my child to be given emergency first aid treatment and/or to be examined and treated at the nearest medical facility.

I further agree to indemnify and hold harmless Town of Chazy and others listed for any and all claims arising as a result of mu child's engaging in or receiving instruction in Town activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of New York and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in New York.

I affirm that I am of legal age, the child's legal guardian, and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Town of Chazy or any of the parties listed above.

Parent/Guardian Signature

Date

Parent/Guardian Print Name