

Capital City Comets Volleyball Registration Form

Athlete Name: _____

Address: _____

Phone #: _____

Grade: _____

Birthdate: _____

Uniform size: _____

Academic Eligibility:

of classes taken at home, local coop, online this year: _____

of classes in public or private school this year: _____

Grade homeschooling began: _____

Contact Information:

Father:

Name _____

Phone # _____

Email _____

Mother:

Name _____

Phone # _____

Email _____

Release of Liability

In consideration of the listed player below

(Athlete Name)

being allowed to participate in any way in the Comets Volleyball program, related events and activities, the undersigned acknowledges, appreciates, and agrees to the following:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, officials, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. FOR MYSELF, SPOUSE/MATE, AND CHILD/CHILDREN, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM NEGLIGENCE OR OTHERWISE, TO THE FULLEST EXTENT AS PERMITTED BY LAW
3. I willingly agree to comply with the Comets Volleyball coaches and staff during participation. If I observe any unusual, significant concern in readiness of any listed player to participate and/or the program itself, I will remove said player(s) from participation and address the matter immediately with the coach, member, or interested party.
4. I myself, my spouse/mate, my child and on behalf of my/our heirs, assigns, personal representatives, and next of kin, hereby release the other participants, members of Comets Volleyball, sponsoring agencies, sponsors, advertisers, and if applicable, owners and renters of activity facilities releases, even if arising from negligence or otherwise to the fullest extent as permitted by law;
5. I myself, my spouse/mate, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my or my child's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent as permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, UNDERSTAND FULLY ITS TERMS AND CONDITIONS, UNDERSTAND THAT BY SIGNING THIS RELEASE I AM GIVING UP SUBSTANTIAL RIGHTS, AND SIGN IT OF MY OWN FREE WILL, VOLUNTARILY WITHOUT INDUCEMENT.

Name of Parent/Guardian (please print) _____

Signature _____ Date _____

UNDERSTANDING/ACKNOWLEDGEMENT OF RISK:

I understand the seriousness of the risk involved in participation in this program, my personal responsibilities for adhering to regulations and rules, and accept them as a player/participant.

Athlete: Print name _____

Signature _____ Date _____

Capital City Comets Volleyball

Consent to Medical Treatment & Emergency Contact Information

CONSENT TO MEDICAL TREATMENT

In case of a medical emergency requiring immediate attention, I hereby authorize any necessary medical treatment to be given to _____ of whom I am the parent/guardian.
(Print athlete name)

This authorization includes admission to the hospital in my absence if it is recommended by my child's physician, a consulting physician, or the emergency room/urgent care physician in their absence.

My signature testifies that I am the parent or guardian of the child/children named above. I will be responsible for the charges for medical treatment authorized by the use of this document. This authorization is effective for the duration that my child is participating in the Comets Volleyball program.

Parent/Guardian Signature

Date

INSURANCE INFORMATION

Insurance Company: _____ Policy Number: _____

ID Number: _____ Certification Number: _____

Does the company require pre-admission certificate/notification? YES NO (please circle one)

If yes, please provide phone number: _____

CHILD'S MEDICAL HISTORY

Child's Birth Date: _____ Date of Last Tetanus Shot: _____

Known allergies or reactions: _____

Chronic Medical Conditions: _____

Child takes the following medications: _____

Medical Limitation we should be aware of: _____

Child has been hospitalized (most recently) for: _____

When? _____ Where? _____

CHILD'S PHYSICIAN

Name: _____ Office Number: _____

PARENT CONTACT INFORMATION

Father's Full Name: _____ Cell Phone: _____

Mother's Full Name: _____ Cell Phone: _____

ALTERNATE CONTACTS (to be contacted in an emergency if parents are unreachable)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Parent/Athlete Signature Page

(All referenced documents are available within this registration form. If you have questions regarding any of this information, please email cchcometsvb@gmail.com)

- 1. I have read and agreed to the Parent Expectations and will encourage my family to do the same.
- 2. I have read the Athlete Code of Conduct and will encourage my child to adhere to that agreement.
- 3. I have read the Discipline Guidelines and agree to support the coaches in their role of influence and authority over my child and his/her teammates.
- 4. I have provided medical information and signed the Medical and Liability Release.

Parent Signature: _____ Date: _____

Photography Release

- I agree that photographs, images, and/or video of my child and my child's name may be used for any publications, including those prepared for both an internal and external audience.
- No, I DO NOT want my child's photograph, image or video used in any way.

Parent Signature: _____ Date: _____

Athlete Code of Conduct Signatures

I have read and agreed to the Athlete Code of Conduct.

Athlete Name: _____

Signature: _____ Date: _____

Volunteer Opportunities (We will train you)

Please indicate which parent and/or child is willing to volunteer for a position.

Name

Position/Description

Game Video

– A person who runs the camcorder for the game

Game Bookkeeper

– A person who sits between the teams and keeps the official score for both teams

Stat Keeper

– A person who sits in the crowd & keeps stats

Concession Worker

– A person who runs the concession stand during home games, able to manage \$ & food

Admissions / Gatekeeper

– A person who runs collects the admission fees during our home games

Post-Game Coordinator

– A person who plans and communicates any post-game gatherings/dining for the team

Photographer

– A person takes photos at the game to share

Award Banquet Coordinator

– A person organizes décor, food and program for the awards banquet

Fundraising Coordinator

– A person who finds opportunities and promotes events to raise \$ for the program

Media Coordinator

– A person who manages social media for the team

Parent Expectations and Family Code of Conduct

Parents, as primary educators of their children, have the following roles as related to student athletic participation:

- Reinforce the learning opportunities that present themselves during athletic events to help their athletes grow in their faith as disciples of Christ;
- Provide love, encouragement, and support for the student athletes;
- Hold students accountable in their academics, conduct, and priorities;
- Communicate with, assist, and support coaches;
- Protect the unity of the Comets Volleyball program by: seeking peace with others, acting in love toward others, controlling their tongues, and dealing with problems in private;
- Help to develop the Positive-Only-Principle for the Comets program during practices and games which carries over to home conversations (as outlined below).

Therefore, I commit to the above guidelines as well as the following expectations:

- Provide accurate information to maintain and ensure academic eligibility.
- Encourage my child to attend all scheduled games, practices, and activities as well as arriving early and ready-to-go on time; or notify the coach in advance.
- Honoring and respecting the coaches' instruction and authority.
- Help create a family environment for the team by providing assistance to each other with carpooling, etc.
- Choose an area of the program in which to volunteer and support the team with my service.
- Demonstrate Christ-likeness in sportsmanship and conduct.
- Treating all with respect, and promoting unity within the organization.

Positive-Only-Principle

Comet athletes, spectators, parents, and coaches will strive to exhibit only encouraging behavior and make only positive comments during practices and games. All spectators and participants will forgo negative comments, actions and attitudes, including negative signs, cheers, and other communication directed at opposing teams. This principle leaves plenty of room for enthusiastic support of the Comets and simultaneously builds good character. The Positive-Only Principle must be modeled to the students by coaches and parents alike.

Athlete Code of Conduct

As an athlete in the Comets Volleyball organization, I agree to:

- Do all things for the glory of Christ
- Take ownership of my spiritual journey and grow accordingly
- Honor the coach in the instructions given
- Work hard to develop my skills
- Be early to practices and games, ready-to-go in equipment and attitude
- Show respect to my teammates, coaches, referees, and others
- Exercise self-control and good sportsmanship
- Encourage my teammates in a positive way
- Take care of equipment and facilities (cleaning up as we go)
- Serve the team by volunteering during practices, games, and activities
- Work hard in school to retain academic eligibility
- Live a life of holiness by refraining from foul language, drugs, alcohol, pornography, sexual activity, or other questionable practices
- Represent our team by demonstrating a positive attitude on social media, as spectators in the bleachers, while hanging out, etc.

Discipline Guidelines

Coaches have the responsibility to encourage and protect a positive, Christian environment on and off the court. They are in a position of influence with the privilege of joining in shaping an athlete's character. With this in mind, these guidelines are provided to give necessary tools, protocol and information as to the area of discipline. Violations to the athlete code of conduct including, but not limited to, talking when the coach is talking, disrespectful attitudes, goofing off instead of running drills correctly, foul language, etc. will incur any one or combination of the following:

- Verbal warning from the coach
- Extra team conditioning, such as longer amount of time spent on drills
- Ending team practice early and notifying parents and board members
- Sitting out a specified amount of game time
- Losing starting position

If the preceding consequences have not resolved the behavior, the coach will fill out an incident report form and send a copy to the board along with one or a combination of the following:

- Meeting with the parent(s)
- Sitting out a substantial amount or an entire game
- Meeting with the parent(s) and board member(s)
- Expulsion from game or practice, or even the team

Special Note in regards to behavior outside of practice and games: Please be advised that inappropriate behavior happening during an event that the Comets are not directly participating in will still be addressed by coaches or board members. As the Comets, it is our goal to reflect Christ wherever we go. If our behavior as a team is dishonoring to Him, that behavior will be addressed and disciplined as needed (formal apologies, loss of game or practice times, parent meetings).