

Kent County Parks and Recreation Youth Sports Academic and Behavior Code

Participant

As a participant in Kent County youth sports, I understand the importance of school and that playing sports is a privilege to be earned, not a right freely given. I understand that quality performance in the classroom, both academically and behaviorally, is a condition for eligibility in Kent County youth sports. I will work with Kent County Parks & Recreation and my coach to uphold myself to the standards as set forth in the following criteria:

- A grade point average of 2.0/70% or higher
- Continued attendance in school without suspension or other serious disciplinary action

I also understand that a suspension from school is a suspension from participating in sports until such a time that I am reinstated in school. I will work in full cooperation with Kent County Parks & Recreation in this matter.

Parent/Guardian Signature

Date

Parent/ Guardian

As a parent/guardian of a youth sports participant, I understand the importance of school and that playing sports is a privilege to be earned, not a right freely given. I understand that quality performance in the classroom, both academically and behaviorally, is a condition for eligibility in Kent County youth sports. I will work with Kent County Parks & Recreation and the team coach to uphold my child/participant to the standards as set forth in the following criteria:

- A grade point average of 2.0/70% or higher
- Continued attendance in school without suspension or other serious disciplinary action

I also understand that a suspension from school is a suspension from participating in sports until such a time that my child/participant is reinstated in school and I will inform both the head coach and the league administration of such suspensions. I will work in full cooperation with Kent County Parks & Recreation in this matter.

Parent/Guardian Signature

Date

Kent County Parks and Recreation Health History Form

This form is required. Please type or print clearly.
REGISTRATION WILL BE DELAYED IF INFORMATION IS INCOMPLETE.

Participant's Name: _____

This Question only applies to Kiddie, Day, Youth In Action, Playground, and Afterschool Participants Only

Maryland School Child Attends: _____

Grade Child Entering: _____

MD City School located: _____

Note: If child is not enrolled in a Maryland school, a copy of his/her CURRENT immunization record or medical contraindication or religious objection must accompany this health form.)

Family

Physician: _____
Name Phone

Date of Last PHYSICAL EXAM: _____ Date of Last TETANUS VACCINE: _____

Both Must be completed- (Month/Year Only) **DO NOT LEAVE BLANK**

Has participant experienced any of the following?

Type	Yes	No	Type	Yes	No	Type	Yes	No
Eating Disorder			Menstruation Problems			Frequent Earaches		
Sleeping Disorder			Bowel/Bladder Disorder			Asthma		
Posture Problems			Eye Problems			Diabetes		
Dental Problems			Wear Glasses or Contacts			Anemia		
Skin Problems			Hearing Difficulties			Speech Problems		
Allergies			If yes, explain:					
Illness/Disability			If yes, explain:					
Currently taking Medicine			If yes, explain:					
Behavioral Problems			If yes, explain:					

Additional medical information or special conditions staff should know:

Medical Insurance Carrier: _____ Group/Policy #: _____

Parent/Guardian Name: _____ Home # _____ Work #: _____

Emergency Contact #1: _____
Name Relationship to Child Phone Numbers

Emergency Contact #2: _____
Name Relationship to Child Phone Numbers

*****Emergency contacts must be listed separately on pick up Authorization Form if also authorized to pick up your child*****

The above health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Parent/Guardian Signature

Date

If emailing - signature will be due the first day of the program

***IF YOU CAN NOT SIGN THIS FORM FOR RELIGIOUS REASONS YOU MUST PROVIDE A SIGNED LEGAL WAIVER WITH THIS FORM.**

**Kent County Parks and Recreation
Youth Sports Waiver & Release of Liability**

Please Read BEFORE Signing

In consideration of being allowed to participate in any way in the Kent County Parks & recreation youth sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; AND
2. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; AND
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring the hazard to the attention of the nearest official immediately; AND
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS KENT COUNTY PARKS & RECREATION, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event ("RELEASES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

For Participants of Minority Age
(Below the age of 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Photo Consent

My signature also reflects my permission for my child to be photographed or videotaped for the purposes of advertising and archives for Kent County Parks & Recreation.

Parent/Guardian Signature

Date

Failure to comply with these standards may result in disciplinary actions by the following organizations:

- City of Annapolis
- Anne Arundel County
- Arlington County
- City of Baltimore
- Baltimore County
- City of Bowie
- Calvert County
- Charles County
- City of Frederick
- City of Gaithersburg
- City of Greenbelt
- Harford County
- Howard County
- Kent County
- Maryland National Capital Park & Planning Commission
- Montgomery County
- Ocean City
- Queen Anne's County
- City of Rockville
- St. Mary's County
- City of Takoma Park
- Talbot County
- U.S. Lacrosse
- City of Westminster
- Worcester County

Kent County Parks and Recreation Youth Sports Code of Conduct

As a Player, I understand that I must follow these rules to stay in good standing:

1. Respect the game, play fairly & follow its rules & regulations
2. Show respect for authority to the officials of the game & of the league
3. Demonstrate good sportsmanship before, during and after the game
4. Help parents & fans understand the league philosophy so they can watch & enjoy the game
5. Be courteous to opposing teams & treat all players & coaches with respect
6. Be modest when successful & gracious in defeat
7. Respect the privilege of the use of public facilities
8. Refrain from the use of drugs, tobacco, alcohol & abusive language

Name: _____ Signature: _____ Date: _____

As a Parent/Guardian, I recognize that parents/guardians are the most important role models for their children, & that sports help to develop a sense of teamwork, self-worth & sportsmanship. As such, I agree to abide by the following:

1. Encourage good sportsmanship by demonstrating positive support for all players, coaches, fans & officials at games, practices & other sporting events
2. Place the well-being of my child before a personal desire to win
3. Advocate a sports environment for my child that is free of drugs, tobacco, alcohol & abusive language, & refrain from their use during youth sporting events
4. Encourage my child to play by the rules & respect the rights of other players, coaches, fans & officials

Name: _____ Signature: _____ Date: _____

As a Coach, I recognize that coaches are role models for their team members & all participants involved in the activity, & that sports help to develop a sense of teamwork, self-worth & sportsmanship. As such, I agree to abide by the following:

1. Place the emotional & physical well-being of my players ahead of a personal desire or external pressure to win
2. Do my best to provide a safe playing environment for all participants
3. Lead by example by demonstrating fair play & sportsmanship to all involved
4. Provide a sports environment for my team that is free of drugs, tobacco, alcohol & abusive language & refrain from their use at all sporting events
5. Respect the game & league officials & communicate with them in an appropriate manner
6. Be knowledgeable of the league rules & regulations, & teach these rules to all players on my team
7. Encourage my team members to play by the league rules & respect the rights of other players, coaches, fans and officials
8. Be responsible for my own behavior & also for the behavior of my team members, their parents & fans

Name: _____ Signature: _____ Date: _____