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Section 1: General Information

Athlete's Name: _____ Sex: Male Female

Home Phone: _____ Cell Phone: _____ Birth Date: _____ Grade: ____

Athlete's Email Address (optional): _____

Home Address: _____

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Section 2: Medical Authorization

Emergency Contact Name: _____ Phone Number: _____

Insurance Company: _____ Policy No. _____ Group No. _____

I give permission for my child to obtain medical treatment if needed: Yes No

List known allergies (i.e. penicillin, bee stings, etc...): _____

List known medical conditions (i.e. diabetes, heart murmur, etc...): _____

I certify that my child is in good health and know of no physical conditions, which by participation would endanger my child's health.

Consent is given, in the event of illness or injury, for administration of reasonable and prudent first-aid, emergency or professional medical care. I hereby release, discharge, and waive all claims and causes of action against all coaches and board members of the Frederick Force and Bethesda United Methodist Church, Damascus MD, for any illness (including COVID-19), damages and injuries that might be incurred during any instructional clinic, team practice, open gym, game or meeting. By signing this document, I am accepting full responsibility for the cost and liability for any accidents or injuries that may occur and indemnify the Frederick Force and Bethesda United Methodist Church from these responsibilities.

Parent/Guardian Signature _____ Date: _____



Section 3: Declaration of Consent

I, _____, parent/guardian of _____,

- ☐ give permission to the coaches of the Frederick Force to
- administer reasonable and prudent first aid, in the event of illness or injury, and
 - seek emergency or professional medical care, and to order hospitalization, treatment, anesthesia, and surgery if necessary, in case of emergency when parents or the emergency contact cannot be reached.
- (Emergency Medical Treatment Consent)

- ☐ give permission to the coaches of the Frederick Force to administer my child's medication in my absence. (Medication Administration Consent)

Medication(s) are listed here:

- ☐ give permission to the Frederick Force to use my child's name and/or picture in presentations, media releases, the team's website, newsletters and marketing materials solely for the purpose of promoting the Frederick Force programs and services. (Photograph Release Consent)
- ☐ agree to release the Frederick Force, all coaches, board members, volunteers, and Bethesda United Methodist Church from all liability for any additional illness or injury to my child and for any accidental damage or destruction of my child's property during any Frederick Force activities or programs. (Waiver of Liability Consent)
- ☐ understand that all paperwork and athletic fees must be turned in to the board of the Frederick Force prior to the first practice/tryout and that my child will not be able to participate in practice/tryouts until the registration paperwork and fee have been turned in. Athletic fees will be fully refunded under the following conditions, and if the request for refund is made prior to the end of that sport's season: athlete is cut from the squad by the coach, athlete quits due to illness or injury prior to 1st contest, and/or athlete quits due to family moving prior to 1st contest. I also understand that I am responsible at the end of the season for the uniform that was assigned to my child. If that uniform is lost or damaged beyond repair I am responsible for the cost of a new uniform. I will turn in my child's uniform to the coaches of the Frederick Force immediately after the season. I understand that I will receive an invoice for the uniform should I fail to comply with this direction.
- ☐ support the Frederick Force's administration of team functions including: discipline, scheduling, playing-time in games, and eligibility. I also pledge to observe all guidelines of Christian sportsmanship including respect and courtesy for players, coaches, officials and other fans.

Signature of parent/guardian: _____ Date: _____



Section 4: Parent's Code of Conduct

I acknowledge that the primary goal of Frederick Force Christian Homeschool Athletics is to glorify our Lord and Savior Jesus Christ.

I will encourage good sportsmanship by demonstrating positive support for all players and coaches.

I will place the spiritual, emotional, and physical well-being of my child ahead of any personal desire to achieve success.

I will assist in any way I can in making a safe and healthy environment for my child to play in.

I will provide support for the coaches working with my child to provide a positive, enjoyable experience for all.

I will do my best to make the Frederick Force program fun for my child.

I will ask my child to treat other players with respect. I will promise to set a good example for my child by extending the same respect to all players and coaches and officials.

I will require that my child's coach demonstrate the responsibilities in being a coach that he/she agrees to the Coach's Code of Conduct as set forth by Frederick Force Christian Homeschool Athletics.

Print Name(s) of Parent(s): _____

Signature: _____ Date: _____

Signature: _____ Date: _____



Section 5: Player's Code of Conduct

I acknowledge that the primary goal of Frederick Force Christian Homeschool Athletics is to glorify our Lord and Savior Jesus Christ. I will strive to glorify Christ in everything I do including my thoughts, attitudes, behaviors, and actions while I'm on the court.

I acknowledge that my walk with the Lord, my family responsibilities, and my academics come first.

I will display good sportsmanship by demonstrating positive support for all players.

I will support my coaches to provide a positive, enjoyable experience for all. I will treat my coaches and other players with respect. I will not trash talk or use profanity while participating in Frederick Force athletics.

I will inform my coach of any injuries I may sustain, on or off the court.

I will play any position assigned to me and will try my best at all times, using good sportsmanship with never any intent to harm an opposing player or one of my teammates.

I will accept any disciplinary action imposed by the coaches.

Print Name of Player: _____

Signature: _____ Date: _____

Coach's Code of Conduct

I acknowledge that the primary goal of Frederick Force Christian Homeschool Athletics is to glorify our Lord and Savior Jesus Christ. I will strive to glorify Christ in everything I do, including my thoughts, attitudes, behaviors, and actions.

I will place the spiritual, emotional, and physical well-being of my players ahead of any personal desire to achieve success. I will do my best to create a team climate conducive to each player developing in individual skill, contributing to team success, and growing in Christian character. I will inform my players that their walk with the Lord, their family responsibilities, and their academics come first.

I will do my best to provide a safe play environment for my players and to give them the immediate attention needed to treat injuries. I will treat each player as a special creation of God made in His image; mindful of the large spread of emotional and physical developments present within the group. I will do nothing to intentionally embarrass any of my players.

I will do my best to organize practices that are fun and challenging for all my players. I will be respectful and set a positive tone for all spectators present in support of my team and its players.

I will ensure that I am knowledgeable in the rules of the game, and that I will teach these rules to my players.

I will remember that Frederick Force Christian Homeschool Athletics, while competitive, exists primarily to share the gospel of Jesus Christ and to develop the character and skill of the players. I will not teach the doctrine of any particular denomination as a coach because I recognize that the parents and the local church have the primary responsibility of teaching doctrine to each player. I will always remember to put Christ first and the player's well-being ahead of winning.



Eligibility Verification Form

Athlete's Name: _____ Birth Date: _____

Home Address: _____
Street Address City State Zip Code

Phone: _____ Email Address: _____

Age Requirements

- **High School:** The athlete must be under the age of 19 on August-31 (at the beginning of the academic year).
- **Middle School:** The athlete must be under the age of 15 on August-31 (at the beginning of the academic year).

Home Instruction Status Requirements – to be filled in by the parent(s) / guardian(s)

We have filed the State required documentation to declare that we are home instructing this child.
(Please indicate below how your child is filed.)

Maryland

- ☐ Letter of **Consent** submitted to the local superintendent
([link](#))

Pennsylvania

- ☐ Notarized [Affidavit](#) submitted to the local superintendent's office ([link](#))

Virginia

- ☐ Annual **Notice** filed with the school district superintendent
([link](#))

Parent/Guardian Signature _____ **Date:** _____

I certify that the information provided on this Eligibility Verification Form is true and correct.

Verification – to be filled in by applicable oversight/reviewing entity

I _____ verify that _____
(Oversight Group, County Reviewer, Authorized Certifier) (student's name)

is currently in the _____ grade for the _____ school year.

- ☐ I acknowledge that the student's parent/guardian has filed notice according to their State's Department of Education requirements regarding home instruction.

Authorized Signature: _____ **Date:** _____
(Oversight Group Representative, County Reviewer, Authorized Certifier)

Title: _____ **Phone #** _____

Oversight Group: _____