



## Registration Form Contents

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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 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 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 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 Force to administer my child’s medication in my absence. (Medication Administration Consent)

Medication(s) are listed here:

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- give permission to the 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 Force programs and services.  
(Photograph Release Consent)
- agree to release the 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 Force activities or programs. (Waiver of Liability Consent)
- understand that all paperwork and athletic fees must be turned in to the board of the 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 1<sup>st</sup> contest, and/or athlete quits due to family moving prior to 1<sup>st</sup> 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 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 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 Force 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 exhibit support for the coaches working with my child to provide a positive, enjoyable experience for all.
- I will support and pray for the coaches, respect coaching decisions even if I don't agree, and be more concerned about an athlete's character on and off the court than their playing time. I understand that requests for "more playing time" should be a conversation that the player has with their coach. This is part of their maturing as a young person.
- I will not be a parent that "coaches from the sideline". I will cheer for the players and team.
- I will do my best to make the 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 Force 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 Force 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 have a teachable, humble, and selfless "team before me" attitude.
- I will support my coaches to provide a positive, enjoyable experience for all. I will treat my coaches and other players with respect.
- I understand that playing time is not guaranteed; and if I "want more playing time", I should personally discuss it with my coach, and hear what I can do to improve.
- I will not trash talk or use profanity while participating in 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 Force 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 work to establish a competitive team, which at times may limit an athlete's playing time. I will acknowledge and respond to an athlete's inquiry regarding "playing time" and clearly communicate how that athlete can better contribute competitively to the team dynamic.

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 Force 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 19 or under on August-31 (at the beginning of the academic year).
- **Middle School:** The athlete must be 14 or under 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:** \_\_\_\_\_