



EDEN PROWLERS Youth Sports
Panther Pride!

Please submit all digital forms to prowlers@cityofeden.onmicrosoft.com

Players Name: _____ DOB: _____

School: _____ Parent/Guardian: _____

Address: _____

Contact Number: _____ Email: _____

Check What Team Your Child is Signing Up For:

Boys Team: _____ Girls Team: _____

6U: _____ \$25.00 8U: _____ \$25.00

10U: _____ \$25.00 12U: _____ \$25.00

Qualify for financial hardship: Yes _____ No _____
(proof will be required from Dept. of Social Services)

The cutoff date is **August 31st** for age and placement onto a team. A payment must be sent in with this form to guarantee your child a spot on this year's team. This registration fee includes the uniform cost, insurance cost, and all other fees in relation to your child participating. If you family qualifies for financial hardship proof must be provided to the City of Eden in the form of Rockingham County Department of Social Services Notice of SNAP Benefit (Supplemental Nutrition Assistance Program).

Insurance Information

All participants must have their own medical coverage. The league provides only excess coverage after your insurance policy has been utilized. Participants will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the participant.

Insurance Company: _____

Policy #: _____

*** A copy of the player's birth certificate must be received before your child can be allowed to participate.***



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Parents' Code of Conduct

1. I will not force my child to participate in sports.
2. I will teach my child that hard work is as important as victory.
3. Children learn by example. I will applaud good plays by our team and by any member of the opposing team.
4. I will encourage my child to play by the rules.
5. I will work towards over-all athletic development and good sportsmanship.
6. I will not criticize an official's judgment or their integrity.
7. I will not be **verbally or physically** abusive to children, coaches, fans, officials, or other parents.
8. I recognize the importance of our volunteer coaches.
9. I will support my child's involvement in sports and maintain a realistic expectation about his performance.
10. I understand that I am a youth sport parent, and that the game is for the children, not the adults.
11. **My child will have at least a 2.5 GPA. I will provide a copy of my child's last report card if requested.**
12. I will not use any tobacco or alcohol products around any youth at any City of Eden Prowlers events or activities.
13. I understand undesired conduct will result in my being banned from all City of Eden Prowler related events.
14. I understand that at times \$5.00 gate fee will be charged at home and away games to pay for the professional officials.

Parent or Guardian

Date



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Equipment

I assume full responsibility for any and all equipment/uniforms provided to the child herein, and I agree to promptly return the all equipment issued to the child in the same or similar condition as when received except for normal wear and tear associated with practice and games. If I fail to adhere to this policy, I **am** responsible for the **replacement cost** of such equipment.

Child _____

Parent or Guardian

Date



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Medical Information and Release Form

Name _____	Weight _____	DOB _____
Address _____	City _____	Phone _____
Email _____		
Parent(s)/Guardian _____		
Home Phone _____	Cell Phone _____	
Emergency Contact/Phone _____		

My child has the following conditions you should know about:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Physical Disorder | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Other (Explain on separate sheet) | | |

Does your child take any prescribed Medication? If so, please list on a separate sheet.

Participant's Doctor: _____ Phone: _____

I, the undersigned, hereby certify that I am the parent or legal guardian of the child referenced herein. I hereby give permission for the staff of City of Eden Recreation Department, also known as the Prowlers, to seek appropriate medical attention in the event of accident, injury, or illness. I understand and acknowledge that I am responsible for any and all costs associated with medical attention and treatment, except for that covered by the league's excess medical coverage policy.

Parent/Guardian

Date

Online form users:

If your child has any medical conditions or medications they take that we need to be aware of, please list them in the space below.



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Waiver of Liability

The undersigned does hereby acknowledge, understand, and state that I am fully aware of the potential dangers associated with participation in any sport and I further acknowledge, understand, and state that football, baseball, softball, or any other sport are inherently dangerous games which can result in and/or lead to **SERIOUS INJURIES, PERMANENT INJURIES, PARALYSIS, DISABILITY, PERMANENT DISABILITY, AND/OR DEATH**. In addition, I fully acknowledge, understand, and state that protective equipment does not prevent all participant injuries.

Having had full and complete opportunity to consider my child's decision to engage in these violent and inherently dangerous activities, and after having had the opportunity to ask questions regarding the dangers associated with participation in these violent and inherently dangerous activities, I do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Eden Prowlers, and any and all organizers, sponsors, supervisors, participants, coaches, and persons transporting the child herein to and from activities, from any liability or claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

Child's Name _____

Parent or Guardian

Date