

Willsboro Youth Commission
Sports Permission Form & Information

Child's Name: _____

Age: _____

Grade: _____

Parent(s) Name(s): _____

Phone Number & email: _____

I, give my son/daughter, _____, permission to participate in the Willsboro Youth Commission Youth Sports Program for:

- Pre/K Soccer** **1/2 Soccer** **3/4 Soccer** **5/6 Soccer**

Allergies/Medical Information: _____

The individuals listed below have my permission to transport my child from each practice and may be used in a case of an emergency if I am not available.

Name	Contact Information

Parent Signature: _____ Date: _____

Willsboro Youth Commission Liability Waiver

I, the undersigned player, acknowledge, agree and understand that:

1. I Voluntarily and of my own free will elect to have my child participate in Willsboro Youth Sports and programs. Furthermore, I agree that I my child is in good health and proper physical condition to participate in soccer, basketball, or tee-ball/baseball, and all other Town of Willsboro and Willsboro Youth commission sponsored events/activities.

2. I understand that there are certain risks and hazards involved in participating in soccer, basketball, tee-ball, baseball and other Willsboro and Willsboro Youth commission sponsored events/activities and may result in injury or death to my child or other players including, but not limited to those hazards associated with, playing conditions, equipment, and other participants.

3. I understand that participating in soccer, basketball, baseball/tee-ball and other Willsboro and Willsboro Youth commission sponsored events/activities is dangerous to my child and to other players and may result in serious injury or death.

4. I understand that the very nature of, tee ball/baseball, soccer, basketball, and other Willsboro and Willsboro Youth commission sponsored events/activities is hazardous and risky, including, but not limited to, the acts of running, jumping, stretching, sliding and collisions with other players and with stationary objects, all of which can cause serious injury or death to my child and to other players.

Further, I, the undersigned, agree that in consideration for the right to play in Willsboro Youth Sports and participate in other Willsboro Town and Willsboro Youth Commission sponsored events/activities and in consideration for permission to play:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by my child/children (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the courts/fields arranged for by my team or league for practice or play and (d) while participating in other Willsboro town/Willsboro Youth Commission sponsored events.

2. I hereby release, discharge and agree not to sue Willsboro Youth Commission, the Town of Willsboro, or their employees, or any person or entity connected with these entities should my child/children be hurt while participating in, tee-ball, baseball, soccer, basketball, or other Willsboro town or Willsboro Youth Commission sponsored activities for any claim, damages, costs or cause of action which my child has or may have in the future as a result of injuries or damages sustained or incurred by my child from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Signature of Player _____

Signature of Parent/ Guardian: _____

Date: _____



Athletic Code of Conduct

- As an Athlete who recognizes the essential nature of teamwork, communication, and commitment.
- As a Parent/Guardian who accepts the responsibility of being a role model and who supports our program and young athletes.
- As a Coach, educator and role model, who understands the contribution of positive athletic experience.

WE WILL:

Exhibit good sportsmanship toward everyone associated with the program, including teammates, coaches, opponents, spectators and officials.

Appreciate the value of competition without conflict. This means handling success with grace and failure with dignity, replacing "win at all cost," attitude with a spirit of sportsmanship, fun, and skill development

Respect and appreciate the importance of contributing to the team, even when differences may arise.

Give consistent encouragement and support to athletes, teammates, and coaches, regardless of the degree of success or level of skill.

Leave coaching to the coaches, and "Refing to the Referees.

Understand that participation in athletics is a privilege and the violation of the code of conduct can result in dismissal from the program.

Know that the athletic experience can contribute greatly to the values and ethics of each player, and that positive athletic experiences teach important life skills, encourage teamwork, help shape character and citizenship, and encourage an active lifestyle.

Youth Athlete

Parent Guardian

Coach

2023 Jersey Order Form

Athletes Name: _____

Size – (Please circle one)

Youth Small Youth Medium Youth Large
Adult Small Adult Medium Adult Large

Number on Back: _____

Last Name on back of jersey: _____

Please submit to Krissy with payment – each shirt costs \$25.00 and checks can be made payable to: Town of Willsboro

All orders and payment are due by August 17th