



# BCAA 2019 Registration Form

1

## Registration Information

Youth's Name: \_\_\_\_\_ Basketball \_\_\_\_\_

Age: \_\_\_\_\_ ( as of December 30, 2019) Date of Birth: \_\_\_\_\_

Parent's (or legal Guardian's) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

School attending in the fall: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Participation Fee: Basketball \$40**

Please add a \$2.00 administrative maintenance fee to your registration (online only!)

*No Refunds*

*To participate in the BCAA, All Fee's must be paid before Dec. 30, 2019*

BCAA Official Use Only

---

*BCAA Official Use Only - Treasure*

**Receipt: (Make Checks/Money Orders payable to the Bull City Athletic Association, PO Box 21312**

Durham, NC 27703)

**Keep this as your receipt!**

READ BEFORE SIGNING

IN CONSIDERATION OF \_\_\_\_\_, my minor child/ward ("my child"), being allowed to participate in any way in the American Youth Football League, Inc. and Bull City Athletic Association (collectively, the BCAA) tackle football program, basketball related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, AND CHILD, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE BCAA, THE American Youth Football League, other participants, sponsoring agencies, sponsors, advertisers, and the owners and lessors of premises used in the program ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

(PARENT/GUARDIAN SIGNATURE) \_\_\_\_\_ (PRINT NAME) \_\_\_\_\_

\_\_\_\_\_ Date Signed

# Bull City Athletic Association

## Release & Waiver

I hereby give permission for the Bull City Athletic Association Youth Football, Basketball & Cheerleading Program and its designated photographers to photograph & videotape the participant while participating in any Bull City Youth Football, Basketball or Cheerleading event. I further give permission for such photographs and/or videotapes to be used for BCAA promotions. I agree that there are to be no fees paid to me, for the use of the photograph(s) and/or videotapes containing participant. I agree that the participants name may be used in promotional material and handouts.

I the undersigned parent/ guardian of the listed minor applicant/ participant, acknowledge and agree that I am the parent or legal guardian of the below named minor and therefore have the authority to grant these permissions.

**Participants Name:** \_\_\_\_\_

**Team:** \_\_\_\_\_ **#** \_\_\_\_\_

**Parent/Guardians Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Email:** \_\_\_\_\_

The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage Sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting, refusing to shake hands, or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.

9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

*I understand that I and possibly my child will be suspended without warning from BCAA & the AYF league for any violation of this Parent's Code of Conduct.*

Player: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Team: \_\_\_\_\_

Asst. Coach: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Date: \_\_\_\_\_

# BCAA Sports Physical Form

7 of 7

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: M F  
 Grade: \_\_\_\_\_ School: \_\_\_\_\_ Sport: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
 Additional Emergency Contact Person (in the event neither parent can be reached):  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## Medical History

	Yes	No		Yes	No
Any significant past injuries			Hospitalizations or surgeries		
Allergies, asthma, or wheezing			Seizures		
Contact lenses or glasses			Head injuries or concussions		
Currently on medication/medications			Bone or joint injuries		
Chronic illness			Current on all vaccinations		
Allergies			Other:		

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## Physical Exam

	Result	Comments		Result	Comments
Ears			Neurological		
Nose			Genito-urinary		
Throat			Gastrointestinal		
Eyes			Spinal		
Skin			Mental Health		
Dental/Mouth			Cardiovascular		
Lungs			Musculoskeletal		

Final Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I approve this student's participation in an interscholastic sport for one year. Yes No

Physician/PNP Name: \_\_\_\_\_  
 Physician/PNP Signature: \_\_\_\_\_ Date: \_\_\_\_\_