

**CAPE CORAL PARKS & RECREATION DEPARTMENT**  
**BIDDY BASKETBALL LEAGUE**  
**REGISTRATION FORM**

**CHILD'S NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_ **SEX: M / F**

**HOME ADDRESS:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **WORK / CELL #:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **WORK / CELL #:** \_\_\_\_\_

**Shirt Size:**    **YS**    **YM**    **YL**    **AS**    **AM**

**DRIVER'S LICENSE # (if paid by personal check)** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**FAMILY E – MAIL ADDRESS** \_\_\_\_\_

**May we call an EMS, or take your child to the emergency room if a need arises? YES** \_\_\_\_ **NO** \_\_\_\_

**Serious medical condition (list)** \_\_\_\_\_

**Who should be contacted in the event of illness of injury, if you cannot be reached?**

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

.....  
**This is to certify that I, as parent/guardian with legal responsibility for this participant, I hereby, for myself, my heir, executors and assigns do waive, release and hold the City of Cape Coral harmless from all claims or causes of action for damages suffered by me while participating in any activities, whether known or unknown, I understand that I am assuming the risk for any damage to my property which I may sustain while participating. If I should suffer any injury or illness, I authorize the employees of the City of Cape Coral, Parks & Recreation Department, to use discretion in having me transported to a medical facility and I take full responsibility for such action. I hereby authorize the use of any photographs, video picture or any other material related to the event for publicity, promotion or news purposes.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT OR GUARDIAN'S SIGNATURE**

**I would be interested in helping the league with:**

**HEAD COACHING:** \_\_\_\_\_ **ASSISTANT COACHING:** \_\_\_\_\_ **TEAM SPONSOR (\$125):** \_\_\_\_\_

**SPECIAL REQUEST (coach, another player, sibling etc.)** \_\_\_\_\_

**PARENTS' CODE OF ETHICS**  
**Must be completed and signed by parent or guardian.**

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports events.
- I will place the emotional and physical well-being of my child ahead of my personal desire to win, remembering that the game is for youth – not adults.
- I will insist that my child play in a safe and healthy environment.
- I will demand a sports environment for my child that is free from drugs and alcohol, and will not use them or be under their influence at any youth sports events.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will do my very best to make youth sports fun for my child.
- I will make certain that my child upholds the **Player's Code of Ethics**:
  - I will show good sportsmanship before, during, and after games and practices.
  - I will treat all coaches, players, officials, and parents with courtesy and respect.
  - I will not use drugs, alcohol, tobacco, or profanity.
  - I will treat equipment, gymnasiums, and playing fields with care and respect.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent's Name \_\_\_\_\_  
(Please Print)

Adapted from the National Alliance for Youth Sports.