



Parks & People Foundation Sports League Application



Participant Information			
First:	Middle Initial:	Last:	Suffix:
Birth Date: / /	Grade:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Current School:		City Schools ID #:	
Race: Please choose all that apply.	<input type="checkbox"/> African-American/ Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> African-American & White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Other Multi-Racial		
Parent/Legal Guardian Information			
First:	Middle Initial:	Last:	Suffix:
Relation to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Legal Guardian			
Street Address:		Apartment/Unit Number:	
City:		State:	Zip Code:
Phone #s	Day: () - Evening: () - Cell: () -		
Email Address:			
Emergency Contact			
First Name:	Last Name:		Suffix:
Relationship to Student : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other		Home Phone: () - Work Phone: () - Cell Phone () -	
Additional Child Information			
Does your child receive special education services during the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please check the income range that indicates your gross household income. This in no way impacts a participant's eligibility for the program:			
<u>Over Median</u> \$64,400 or Above <input type="checkbox"/>	<u>Low To Moderate</u> \$64,399 – \$41,101 <input type="checkbox"/>	<u>Very Low</u> \$41,100 - \$24,651 <input type="checkbox"/>	<u>Extremely Low</u> \$24,650 or Below <input type="checkbox"/>
Does the family receive TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child's Medical Information			
Does the above listed student have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please note that if y our child does not have medical coverage he or she cannot participate			
Has your child had all his/her immunizations required by the MD State Dept. of Health and Mental Hygiene? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Physician Name:		Telephone: ()	Fax: ()
What was the date of his/her last tetanus shot (month and year)? _____			

Please read the information below before signing this registration form.

I am the parent/guardian of the above named minor and verify that he/she is physically fit and has my permission to participate in Parks & People Foundation's Baltimore City Middle School Sports Program (BCMSS), and that I am obligated to maintain appropriate medical coverage for my child while participating in the BCMSS program. I will notify the BCMSS if such coverage lapses. I understand that my child must maintain a 75 % Grade point average and a 90% school attendance record, show an effort to improve his/her grades and exhibit good citizenship. I also understand that my child's school grades and attendance records will be provided to the Parks & People Foundation as a result of their participation in the BCMSS program.

I also give permission for my child to travel by school bus/van to all special events and matches/games sponsored by the BCMSS program when required. I agree to indemnify and hold harmless the Mayor and City Council of Baltimore, Baltimore City Schools, Baltimore City Department of Recreation & Parks, and Parks & People Foundation, their servants, agents and employees and any other individual working on behalf of Baltimore City Middle School Sports program from claims, demands and judgments arising as a result of games, practices, special events, or required travel at any time my child is participating in the BCMSS. I also understand that photographs, films, and/or videos may be taken of program participants and I give my consent to copyright or publish any pictures in which my child appears as a part of the BCMSS program. Confidentiality of all student records, in compliance with federal and state laws, shall be maintained by Parks & People and the Baltimore City Public School System for the mutual disclosure of student educational, medical and psychological records between their employees, agents, volunteers and contractors.

I acknowledge, understand and agree to the conditions of my child's participation as stated in this consent form.

Parent/Guardian's Signature: _____ **Date:** _____

Parent/ Guardian's Printed name: _____



Expectations and Disciplinary Actions

The following are the expectations and disciplinary actions the Parks & People Foundation will take:

- a) Inappropriate or disrespectful behavior by or towards players, coaches, parents, officials or spectators will not be tolerated. Inappropriate or disrespectful behavior includes but is not limited to Assault, Harassment, Racial & Religious Violence, Sexual Harassment, Sexual Violence, Taunting, Showboating, Vandalism, Inappropriate Language
- b) Players, parents/spectators, coaches and officials shall abide by the Rules set forth by Parks & People Foundation.

Prior to the beginning of each season of play, the parent(s) or legal guardian of each participating child will be required to review and sign the Expectations and Disciplinary Actions form. Players may be considered ineligible to participate until completed forms have been turned in to the coach.

Any player, parent, coach, official or spectator involved in disruptive, abusive or otherwise “bad” behavior will be disciplined by the appropriate person, be it the coach, the official, or the Sports Manager for that particular sport.

As the parent/guardian of a youth participant in Parks & People Foundation’s Baltimore City Middle School Sports program, I agree to embody and uphold the principles as listed above. I understand that should it be found that as a spectator/guest or if any of my friends/family members that attend a BCMS Sports event fails to demonstrate any of these principles, I / they may be asked to remove myself / themselves from the practice, scrimmage or game.

I also understand that if I continue to break any of these principles on multiple occasions that I may be banned from all Baltimore City Middle School Sports competition for the duration of 1 game that could extend to an entire season. It may result in my or my child’s removal from that event. In addition it may also be grounds to cause the forfeiture of the contest by my child’s school team.

Parent / Guardian Signature: _____ Date: _____

Child’s Name: _____

Sport: _____