

## **BYERS PARK AND RECREATION-YOUTH SPORTS**

Code Of Conduct and Waiver Byers Park and Recreation District ("BPR") sports are teaching/instructional programs designed to teach good sportsmanship and fundamental skills through participation and fun. For the enjoyment of all who participate in BPR sports, it is PROHIBITED TO: physically or verbally assault or threaten an official or any other part of play, in a loud intimidating or sarcastic manner that negatively impacts or interrupts the play or enjoyment of the game or models poor sportsmanship. ANY PERSON VIOLATING THIS CODE OF CONDUCT IS SUBJECT TO REMOVAL FROM THE GAME, REMOVAL FROM THE PREMISES AND/OR DISMISSAL FROM THE LEAGUE. My family and I understand and agree to

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| THE PREMISES AND/OR DISM   | IISSAL FROM THE   | LEAGUE. My fa   | amily and I un   | derstand a   | and agree to   |  |
| abide by this Code of Cond   | luct  |   |  |  |  |  |
| Date:<br>Signature of Participant or Pa  | rent/Guardian (if n   | ninor)  |  |  |  |  |
| Waiver and Release By shas read the information contain in this form. INCLUDED IN THE INJURIES AND LOSS OF PER I VOLUNTARILY RELEASE AN officers, employees, agents, of the state of the st | ned in this form, fully<br>SE TERMS ARE W<br>SONAL PROPERT<br>ID DISCHARGE th | y understands the<br>VAIVER AND RE<br>Y SUFFERED B'<br>e Byers Park and | e information and<br>LEASE OF LIAB<br>Y THE SIGNEE<br>d Recreation D | d agrees to the BILITY FOR AND/OR THe istrict, their | ne terms contained THE PERSONAL IE PARTICIPANT. directors, |  |
| Date:  |   |   |  | -  |  |  |
| •  | Signature of Partic   | ipant or Parent/0   | Guardian(if min  | or)  |  |  |
| Medical Release I undersof any kind or otherwise pay me below represents that I am respindicates acknowledgment and  | dical costs for injuri<br>onsible for any med                                 | es sustained in a<br>lical claims or inju                               | ssociation with t  | his program.   | My signature   |  |
| Date:  |   |   |  | -  |  |  |
| \$   | Signature of Partic   | ipant or Parent/0   | 3uardian(if min  | or)  |  |  |
| Player's Name:   |   | DOB:  | Age:   | _  |  |  |
| Address:   |   | HOME#   |  |  |  |  |
| Parent/Guardian Name:  |   | Ce  | ll#  |  |  |  |
| Emergency Contact:   |   | Phone#  |  |  |  |  |
| Sport/Division:  | Shirt Size:   | Name on Bac   | k(lf doing)_   |  | lns  |  |