

Shepherd Community Athletic Association

_____ Varsity Football (5 and 6)	\$100.00	_____ Volleyball (4 thru 6)	\$70.00
_____ J.V. Football (3 and 4)	\$100.00	_____ Basketball (K-6)	\$70.00
_____ Flag Football (K-2)	\$ 60.00	_____ T-Ball (pre-K thru 1)	\$60.00
_____ Varsity Cheer (5 and 6)	\$ 95.00	_____ Softball (U8, U10, U12)	\$60.00
_____ J.V. Cheer (3 and 4)	\$ 95.00	_____ Baseball (7-12)	\$75.00
_____ Flag Cheer (K-2)	\$ 75.00		

Please add \$20 for late Registration

\$10 multi registration discount

ALL FEES ARE NON-REFUNDABLE

Last Name: _____ First Name: _____ Gender: M/F

Age: _____ Date of Birth: _____ Current Grade: _____ School: _____

Address: _____ City: _____ Zip Code: _____

Mother's Name: _____

Father's Name: _____

Home Phone# _____

Home Phone# _____

Cell Phone# _____

Cell Phone# _____

Work Phone# _____

Work Phone# _____

E-mail address: _____

Circle **1** night **unavailable** to practice: M T TH F

Medical History: (to be completed by parent or guardian)

Is there any history of:

- A. Birth Deformities (one eye, one kidney, etc.)?
- B. Past illness of more than one-week duration?
- C. Medical conditions currently under treatment?
- D. Fractures or other disabling injuries in the past?
- E. Allergies (food, stings, drugs, etc.)?
- F. Mental Disorder or convulsions?
- G. Any deformities or disabilities?
- H. Currently on prescription drugs?

Circle One?

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Explain any yes answers:

The undersigned parent or guardian of the above named participant in youth sports activity sponsored by Shepherd Community Athletic Association (SCAA) or Lakeshore Youth Athletic Association (LYAA), hereby gives my consent to his/her practicing, playing, and otherwise participating in said related activity. I affirm that to the best of my knowledge that the above named child is physically capable of participating in the sport or activity named. I further understand that the responsibility for identifying medical needs of the above named child is mine and not that of the SCAA or LYAA, its coaches, officials, or representatives. Furthermore, in consideration of the training in athletics and good sportsmanship being provided to our child in connection with practicing, playing, and participating in the athletic program, including travel involved, and recognizing that by participating in such activities, there is an inherent risk and chance of injury, this statement hereby releases coaches, officials, and the SCAA and LYAA and its staff and any other persons constituting part of any team or program in any capacity whatsoever from any liability because of injury or loss as a result of or incident to my child's involvement in the program. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

BIRTH CERTIFICATE: On File **Attached**

PLEASE NOTE: A Birth Certificate has to be on file with SCAA not with the Shepherd School Office.

PAYMENT: CASH AMT. \$ _____ **CHECK AMT. \$** _____ **CHECK: #** _____ **\$** _____ **DISCOUNT: YES** **No**

ALL NONSUFFICIENT FUNDS CHECKS WILL INCUR AN ADDITIONAL \$15 CHARGE

Would you like to donate to our Children in Need fund? Yes **No** **Donation Amount \$** _____

ASSOCIATION USE ONLY: Jersey Size _____ **Pant Size** _____ **Weight** _____ **Other** _____

SCAA CODE OF CONDUCT

“Good sportsmanship is viewed by the SCAA as a commitment to fair play, ethical behavior and integrity. In perception and practice, sportsmanship is defined as those qualities, which are characterized, by generosity and genuine concern of others. The ideals of sportsmanship apply equally to all activity disciplines. Individuals, regardless of their role in activities, are expected to be aware of the influence on the behavior of others and model good sportsmanship.”

Expectations of Student Participant: Treat teammates with respect, treat opponents with respect: shake hands before and after contests, respect judgment of contest officials; abide by rules of the contest and display no behavior that could incite fans, cooperate with officials, coaches or directors and fellow participants to conduct a fair contest, accept seriously the responsibility and privilege of representing school and community; display positive public action at all times, live up to high standard of sportsmanship established by coach or director, and absolutely **NO FIGHTING** will be tolerated

Grounds for Dismissal: Fighting is grounds for automatic dismissal for the entire season. It is the sole decision of the SCAA Board to implement this rule.

- First Warning—Verbal, student is reminded of his/her commitment to abide by Student Expectations
- Second Warning—Student must sit out at the next game. The student is still responsible for attending the game, but must sit out and watch his teammates
- Third Warning—Dismissed for the remaining season

Expectations of Parents, Students and other Fans or Audience Members: Realize that a ticket is a privilege to observe a contest and support school activities and not a license to verbally assault others or to be generally obnoxious, respect decisions made by contest officials, be an exemplary role model by positively supporting teams in every manner possible, including content of cheers and signs, respect fans, coaches, directors and participants, **BE A FAN....NOT A FANATIC**, and absolutely **NO FOUL LANGUAGE OR FIGHTING WILL BE TOLERATED**

Grounds for Dismissal: Foul language or fighting will be grounds for dismissal to all games for the entire season. It is the sole decision of the SCAA Board to implement this rule.

- First Warning—Verbal, fan is reminded of his/her commitment to abide by the above expectations
- Second Warning—Fan is requested to leave the game
- Third Warning—Fan is no longer allowed to attend any games for the remainder of the season

Parent/Guardian Signature:

I have read and agree to the above expectations and agree to the rules for grounds for dismissal for both myself and my child that is participating. I agree to cover these expectations with my participating child.

Participant _____

Date _____

Parent/Guardian _____

Date _____

SCAA Photo Release

I (give, do not give) permission for photographs of the persons listed below to be published on the website of Shepherd Community Athletic Association (www.shepherdathletics.com). I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed.

Please circle one of the above options.

Child's name: _____

Parent/Guardian name (print): _____

Parent/Guardian signature: _____