



Creating opportunities, building futures.

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**Boquet Valley Youth Commission (BVYC) Registration  
2021-2022 Sport : \_\_\_\_\_**

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**Player Information (Please print legibly)**

Grade \_\_\_\_\_ M F (circle one)

\_\_\_\_\_  
Legal Name (Last, First, MI ) must match birth certificate

\_\_\_\_\_  
Date of Birth MM/DD/YY

\_\_\_\_\_  
Age

\_\_\_\_\_  
Preferred name if any

\_\_\_\_\_  
Address /Town/ Zip Code

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Home/Cell Phone #

\_\_\_\_\_  
Work Phone #

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

\_\_\_\_\_  
Emergency Contact (other than parent/guardian) **Ph#:** \_\_\_\_\_

**Athletic Code of Conduct:** I/we have read, understand and agree to adhere to the Athletic Code of Conduct provided to me/us by the BVYC).

\_\_\_\_\_  
Player signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Physical Examination Waiver:** I, the Parent/Guardian of this child, believe to the best of my knowledge that he/she can withstand the rigors of activity for the current season. I, the Parent/guardian, believe there is nothing physically or emotionally wrong with my child that would interfere with his/her participation in sport activities offered through the BVYC. I, the guardian hereby give my approval for my child to participate in the upcoming **2021-2022 season** without a physical examination. I understand that it is my responsibility to provide any applicable updates/changes to the health of my child to the BVYC.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Equipment Liability:** The Parent(s)/Guardian(s) are responsible for returning all equipment or jersey (if applicable), clean and in good condition to the BVYC **immediately after** the program that is currently in **operation is completed. I understand that failure to return the** equipment/jersey in the condition stated above at the completion of the currently running program will result in a **\$20 fee payable to BVYC.**

\_\_\_\_\_(initial)

**Photo release:** I understand and agree that any photographs taken during aBVYC sponsored activity may be used at the discretion of BVYC for promotional purposes.

\_\_\_\_\_(initial)

**Waiver:** I, the parent/guardian of the above named child, hereby give my approval to his/her participation in any and all BVYC activities during the current season. I understand that these activities may result in serious injury and/or permanent disability. In consideration of my child being allowed to participate, I assume all risks and hazards incidental to such participation known and unknown including transportation to and from such activities, and I do hereby waive, release, absolve, indemnity and agree to hold harmless BVYC, the Westport, Lewis, and Elizabethtown Town Board, participants, volunteers and persons transporting my child to and from activities for any claim arising out of negligence or injury to my child to the fullest extent permitted by **law.**

**I have read, understand and agree to everything on this form.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## Boquet Valley Youth Commission Health Assessment 2021-2022 Season

\_\_\_\_\_  
Youth Name

\_\_\_\_\_  
Primary Care Physician

Ph#: \_\_\_\_\_  
Office Phone number

**Please do not leave questions blank**

**Any Allergies to any Medications? YES NO**

(If so, please list) \_\_\_\_\_

**Any allergy to food? YES NO What foods?:** \_\_\_\_\_

(if so, what type of reaction) \_\_\_\_\_

**Any allergy to *other* (ie. bees) YES NO Allergies?:** \_\_\_\_\_

(if so what kind of reaction) \_\_\_\_\_

**Immunizations Up to Date? YES NO**

**Last tetanus booster date** \_\_\_\_\_

**Does your child take any medications? If so, please list them:**

\_\_\_\_\_

**Any medical condition the Youth Commission staff/volunteers should be aware of in case of a medical emergency or that would affect his/her participation in a sport? YES NO (please circle one) If yes, please list below:**

\_\_\_\_\_

### IMMUNIZATION

**RECORD INCLUDED? YES NO**

**Official Authorization Follows:** I (parent/legal guardian) of the above named child recognize while participating in this recreation program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that the BVYC may be unable to contact me for my consent for emergency care. I do hereby consent in advance to such emergency care, including hospital care **as deemed necessary** under the circumstances and assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility. I understand that the information contained in this form shall be privy to Youth Commission staff and volunteers and understand that this information is available off hours in the event of an emergency.

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**Parental/Guardian Signature**

**Date**

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