

## **Registration & Player Fees**

Players are required to pay a **\$80** participation fee. This fee helps offset the costs of tournament fees, registration fees, officials, and coach's salary.

Please make checks out to: **Willows Cardinals Boosters**  
or pay with Venmo @willowscardinalsboosters and cash is also accepted.

Player's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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### **PARENT INFO**

So as to keep parents informed, please let us know your name and how we may contact you.

Parent Name \_\_\_\_\_

Parent Phone \_\_\_\_\_

Parent Email \_\_\_\_\_

## Transportation Waiver and Release

We, the parent/guardian of \_\_\_\_\_, permit our child to attend all events/activities in the Willows Cardinals Boosters sports program for the season.

We hereby consent and agree to hold harmless, Willows Cardinals Boosters, Willows Intermediate School, and the Willows Unified School District, and any and all employees or volunteers thereof, for any accident, injury, or occurrence arising out of, or in connection with, the activity and our child's event arranged transportation necessary to participate in the aforementioned activity. We understand that our child will be assigned to ride with a licensed adult driver, driving a privately-owned vehicle.

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

\_\_\_\_\_  
Date

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**This organization relies on PARENT DRIVERS!! If there is an insufficient number of drivers, not all players will be able to attend AWAY games.**

Once you have reviewed the schedule, please let the Team Representative know what games you will be able to drive to.

Driver's Name \_\_\_\_\_

Driver's Email \_\_\_\_\_

Driver's Contact #: \_\_\_\_\_

Number of players you can transport \_\_\_\_\_

(\*Drivers must be on the district's approved driver list. Forms are available in the district office or through the Athletic Director if you are not yet on the list.)

## Willows Cardinal Boosters



### WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

This document affects your legal rights. You should read and understand it before signing it.

In consideration for receiving permission to participate in Willows Cardinals sports, I hereby waive, release, and discharge any and all claims for damages for death, personal injury or property damage which I may have or which hereafter may accrue to me against the Willows Cardinal Boosters, Willows Intermediate School and the Willows Unified School District, and the officers and employees, as a result of my participation in any way in the event described above.

The release is intended to discharge the Willows Cardinal Boosters, Willows Intermediate School and the Willows Unified School District, officers, employees, students, and volunteers of each and any other public agency from and against any and all liability arising out of or connected in any way with my participation in the event/activity, even though that liability may arise out of the negligence or carelessness on the part of persons or agencies mentioned above.

I further understand that accidents and injuries can arise out of participation in this event/activity; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made.

\_\_\_\_\_ I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by the same.

\_\_\_\_\_ As parent/guardian, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in strenuous physical activity. I give permission for him/her to be medically treated for illness occurring or injury sustained during participation in the above activity and certify that he/she is covered by medical insurance. I execute this Release for full, adequate, and complete consideration fully intending to be bound by the same.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Phone number(s) in case of emergency: \_\_\_\_\_

\_\_\_\_\_



## Willows Cardinals Boosters

### AUTHORIZATION TO TREAT A MINOR

In the event that my son/daughter becomes ill or sustains an injury while in the care or under the supervision of the Willows Cardinals sports program, any of the adult supervisors of the activity is given my permission to administer first aid for his/her relief.

If it is not practical to return him/her to me or to receive my instructions for his/her care:  
I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care, which is deemed advisable by and is rendered under the general or special supervision of any member of the medical staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to provision of Section 25.8 of the Civil Code of California.  
I further agree to not hold the above-named program or the Willows Cardinals Boosters, Willows Intermediate School or the Willows Unified School District liable for the medical aid rendered and will make reimbursement for the medical or other expenses incurred for the care of the named minor.

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

#### Medical Insurance Information:

Name of Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured: \_\_\_\_\_

#### Medical Information:

Allergies to drugs or foods: \_\_\_\_\_

Required medications & frequency: \_\_\_\_\_

Date of last Tetanus Booster: \_\_\_\_\_

Are there any activity limitations or special needs? \_\_\_\_\_

Any previous illness/injury that should be taken into consideration: \_\_\_\_\_

#### Emergency Contact and Pick up Information:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

In the event a parent/guardian cannot be reached, please indicate relatives or family friends who may be contacted in an emergency or for pick up.

Alternates:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

## **Athlete and Parent Code of Conduct**

I recognize that being a member of a Willows Cardinals Boosters athletic team carries with it responsibilities and rewards. I agree to embrace these responsibilities and conduct myself both on and off the court in a way which exhibits respect for myself and others. I therefore resolve to conduct myself with dignity as an athlete and a community member, recognizing and accepting that I

Must accept accountability for my behavior and its outcomes and/or consequences,

Must honor my obligations and promises,

Must exercise self-control,

Must be willing to be fair with others in my dealings on and off the court,

Must take pride in myself and my accomplishments, but never at the expense of demeaning another person or group,

Must respect the efforts of others,

Must respect authority,

Must be responsible for how I conduct myself in my Willows Cardinals uniform, and be mindful that I represent myself, my team, my school, and the Willows community.

Agree to refrain from using abusive language or gestures toward coaches, officials, players, other persons, or **on social media sites**, while representing the WCB organization.

There is **NO cell phone usage** allowed during practices or during the game. Cell phones are to be turned off and left in your gym bag/locked lockers while at practice or during the game.

**Failure to abide by the Athlete's Code of Conduct may result in my dismissal from the team and/or from further participation in the Willows Cardinals Boosters sports program.**

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Athlete Signature

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Parent/Guardian Signature



## Willows Cardinals Boosters

### Parent and Player Conduct Contract

There will be ZERO tolerance for any parent or player insubordination and unsportsmanlike conduct.

Any display of any of the following actions by a parent or player that is witnessed by any COACH or ANY BOARD MEMBER will be addressed by the Willows Cardinals Boosters board & coaches, and then disciplinary action will be taken.

- Disrespect to any Coach
- Disrespect to Teammates
- Disrespect to Other Team
- Disrespect to Officials
- Bad Sportsmanship (slamming ball, Talking back to refs, bad attitude on bench)
- Inappropriate Language - in game or practice
- Bullying of any kind to teammates, opponents, fans, or other players
- Behavior deemed inappropriate by coach or board members

1st Offense - Warning and/or Benched - Adult receives a warning

2nd Offense - Benched at least ½ game - Adult asked to leave the game

3rd Offense - Asked to turn in uniform

Players who do not attend school WILL NOT be able to play or practice that day unless it is pre-approved by the coach 24 hours prior.

Any UNEXCUSED ABSENCE from a game = No play time in the next game.

If a student is sick or leaves from school sick and misses practice they will be benched for next game quarter or starting match.

2 Tardies to practice(Shoes on ready to play @ start time of practice)=loss of 1qtr game play

School Disciplinary action may affect play time and team status as deemed by the Board.

Suspension from school will result in # days additional suspension from the team or as deemed by the board.

Any use of Illegal or Banned Substance in school or outside of school is ABSOLUTELY PROHIBITED and you will be kicked off the team.

**REMEMBER.....Sports at Willows Intermediate School are a privilege YOU will represent this school as RESPECTFUL Student Athletes or you will no longer be one.**

Player Name \_\_\_\_\_ Sport \_\_\_\_\_

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_