

Youth Games

USYouthGames.com

PARTICIPANT REGISTRATION FORM

NAME _____

CITY _____

SPORT _____

GENDER- M/F _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

AGE _____

SCHOOL _____

GRADE ENTERING IN THE FALL _____

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EMERGENCY CONTACT (Parent/ Guardian)

NAME _____

DAYTIME PHONE # _____

EVENING PHONE # _____

CELL PHONE # _____

RELATIONSHIP TO PARTICIPANT _____

I give my child, _____, permission to participate in the United States Youth Games in _____ during the time period _____. I understand that, during this time, I may be unable to reach my child.

During the time of my child's participation in Youth Games, I hereby grant the City of _____, its employees, and its agents full authority to take whatever actions they consider to be warranted for the protection of my child's health and safety. In addition, I also hereby release each of them from any liability for any such decision and actions taken by them in connection therewith. The authority shall include the right to obtain for my child, and without further consent, appropriate medical services and treatment. If medical treatment is required, the City of _____ will make its best efforts to reach the parent or guardian before authorizing medical treatment.

Your Name (print): _____

Relationship to Participant: _____

Your Signature: _____

Date: _____

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Participant Consent

I hereby agree to comply with all rules, standards, and instructions relating to this activity, which are established by the City of _____. I agree that the City of _____, its employees, and its agents shall have the right to enforce appropriate standards of conduct, and that the City of _____, at any time, terminate my participation in this activity in the event of failure to abide by such rules and regulations.

Your Name (print): _____

Your Signature: _____

Date: _____

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YOUTH GAMES PHYSICAL EVALUATION FOR PARTICIPANTS- DUPLICATE AS NEEDED

Pre-participation Physical Evaluation

History _____ Date _____
Name _____ Sex _____ Age _____ Date of birth _____

Address _____ Phone _____

School _____ Grade _____ Sport _____

Explain "Yes" answers below:

	Yes	No
1. Have you ever been hospitalized? Have you ever had surgery?	0 0	0 0
2. Are you presently taking any medications or pills'?	0	0
3. Do you have any allergies (medicine, bees or other stinging insects)?	0	0
4. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you tire more quickly than your friends during exercise ⁹ Have you ever had high blood pressure ⁹ Have you ever been told that you have a heart murmur ⁷ Have you ever had racing of your heart or skipped heartbeats'? Has anyone in your family died of heart problems or a sudden death before age 50?	0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0
5. Do you have any skin problems (itching, rashes, acne)?	0	0
6. Have you ever had a head injury? Have you ever been knocked out or unconscious? Have you ever had a seizure? Have you ever had a stinger, burner or pinched nerve ⁹	0 0 0 0	0 0 U 0
7. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	0 0	0 0
8. Do you have trouble breathing or do you cough during or after activity?	0	0
9. Do you use any special equipment pads, braces, neck rolls, mouth guard, eye guards, etc.)?	0	0
10. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eye wear'?	0 0	0 0
11. Have you had any other medical problems (infectious mononucleosis, diabetes, etc.)?	0	0
12. Have you had a medical problem or injury since your last evaluation?	0	0
13. Have you ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints 0 Head 0 Back 0 Shoulder 0 Forearm 0 Hand 0 Hip 0 Knee 0 Ankle 0 Neck 0 Chest 0 Elbow 0 Wrist 0 Finger U Thigh 0 Shin 0 Foot	0	0
14. When was your first menstrual period? _____ When was your last menstrual period? _____ What was the longest time between your periods last year? _____		

Explain "Yes" answers:

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Date _____
Signature of athlete _____

Signature Parent/Guardian _____

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Pre-participation physical exam

Height _____ Weight _____ BP _____ / _____ Pulse _____
 Vision R 20/..... L 20/..... Corrected: Y N

	Normal	Abnormal findings
Cardiovascular		
Pulses		
Heart		
Lungs		
Skin		
ENT		
Abdominal		
Genitalia (male)		
Muscuo-skeletal		
Neck		
Shoulder		
Elbow		
Wrist		
Hand		
Back		
Knee		
Ankle		
Foot		
Other		

Clearance:

- A. Cleared
- B. Cleared after completing evaluation/rehabilitation for:
- C. Not cleared for:
 - 0 Collision
 - 0 Contact
 - 0 Non-contact ___ Strenuous ___ Moderately strenuous _____ Nonstrenuous
 - Due to:

Recommendation:

Name of physician _____ Address _____

Physician
 Signature _____ Date _____ Phone _____

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PARENT/YOUTH/COACH/OFFICIAL SPORTSMANSHIP PLEDGE/AGREEMENT

FOR

YOUTH GAMES

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."

I therefore as a parent/coach/athlete/coordinator agree:

As an individual

I will try to develop my skills to the best of my ability and to give my best effort in competition.

I will praise the athletes for competing fairly and trying hard, and make them feel like a winner every time.

I will respect officials and their authority during games and will not confront coaches or officials at the venue and will take time to speak with coaches and follow the Youth Game protest procedures.

I will compete within the rules of my sport.

I will respect the dignity of every human being, and will not be abusive or dehumanizing of another either as an athlete or as a fan or as coach or official.

As a member of a team

I will place team goals ahead of personal goals.

I will be a positive influence on the relationships on the team.

I will follow the team rules established by the coach and Youth Games and coordinator for my city.

As a member of society

I recognize that my behavior becomes a model others may choose to emulate, and will seek to be a positive influence in my community and world.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action imposed by the Executive Committee that could include, but is not limited to the following:

Verbal warning by official, head coach, and/or head of league organization

Written warning

1) Parental game suspension with written documentation of incident kept by the National Office

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2) *Game forfeit through the official or coach*

3) *Expulsion of the offending parties from all or any events*

Parent/Guardian Signature

Coach signature

Participant signature

Coordinator signature