



Season/Year: _____
Team: _____
Head Coach: _____



# Williamsburg Starz Annual Registration & Health Form

**Player Name:** \_\_\_\_\_  
Last First

**Date of Birth:** \_\_\_\_\_ **Player's Social Security Number:** \_\_\_\_\_

**Player's city/county of residence:** \_\_\_\_\_

**Interested in receiving program financial assistance information:**  yes  no

*(if "yes," the Starz Treasurer will contact you with more information)*

**Player lives with:**  both parents  father  mother  other (describe) \_\_\_\_\_

<p><b>Father's / guardian information:</b></p> <p>Name: _____</p> <p>Street: _____</p> <p>City: _____ Zip: _____</p> <p>Home Phone: _(_____)_____</p> <p>Work Phone: _(_____)_____</p> <p>Cell Phone: __ (_____)_____</p> <p>Email: _____</p> <p>2<sup>nd</sup> email: _____</p>	<p><b>Mother's / guardian information:</b></p> <p>Name: _____</p> <p>Street: _____</p> <p>City: _____ Zip: _____</p> <p>Home Phone: _(_____)_____</p> <p>Work Phone: _(_____)_____</p> <p>Cell Phone: __ (_____)_____</p> <p>Email: _____</p> <p>2<sup>nd</sup> email: _____</p>
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**Family Physician:** \_\_\_\_\_ **Dr. Office Phone:** ( ) \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy # / ID #:** \_\_\_\_\_

<b>In an emergency, if you cannot be reached, please notify:</b>	o Check here if same as above.
Name: _____	Relationship: _____
Work Phone: ( ) _____	Home Phone: ( ) _____
	Cell Phone: ( ) _____

## Health History

1. Check any allergies player may have and briefly describe the reaction:

- |   |   |
|---|---|
| <input type="checkbox"/> Insect stings/bites _____      | <input type="checkbox"/> Seafood _____            |
| <input type="checkbox"/> Asthma (allergy induced) _____ | <input type="checkbox"/> Food (wheat, nuts) _____ |
| <input type="checkbox"/> Hay Fever _____                | <input type="checkbox"/> Penicillin _____         |
| <input type="checkbox"/> Other _____                    |   |

Check below if participant currently has or has had any of the following:

CONDITION	Past	Currently Has	CONDITION	Past	Currently Has
Heart Defect/Disease	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding/Clotting Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>			

## Health History, Continued

1. Complete the following:

- a. Are there any specific activities to be encouraged, limited or avoided? o YES o NO  
If, yes please explain: \_\_\_\_\_

\_\_\_\_\_

- b. Does participant have a current tetanus shot? o YES o NO Date of shot: \_\_\_/\_\_\_/\_\_\_

- c. List current medications (please send with directions if to be administered during activities):

\_\_\_\_\_

- e. I give permission for my child to be administered the following as needed for minor discomfort during Starz sponsored activities such as practices and tournaments: (check all that apply)

Tylenol  Advil  Benadryl  Cough drops  Sudaphin (Sudafed)  Antacid  Aleve  
 other: \_\_\_\_\_

- f. Does your child have any special dietary considerations? o YES o NO  
If yes, please provide detailed information: \_\_\_\_\_

- g. Provide any other important health related information about your child:

\_\_\_\_\_

### READ AND SIGN THE FOLLOWING:

This health history provided in this document is correct so far as I know. I understand that participation in Williamsburg Starz activities is entirely voluntary. I know and understand the risks and dangers involved with softball associated activities and I know and understand that unanticipated dangers might arise. I hereby release Williamsburg Starz and the City of Williamsburg (co-sponsor) from any responsibility for injury which might occur as a result of participation in Starz activities except for those determined to be a result of gross negligence on the part of Williamsburg Starz or the City of Williamsburg. I give permission for \_\_\_\_\_ to participate in all activities, except as noted. I, also give permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my child, and also permit such treatment procedures to be carried out at, and by, the local hospital(s) for my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

### MEDIA RELEASE:

*I authorize Williamsburg Starz and/or the City of Williamsburg to use my child's name, voice, photographs and/or likeness in connection with audio-video productions, articles, or press releases for the promotion and/or encouraging public participation in the program. I understand that I will not be reimbursed in cash or in-kind now or in the future. Please sign in the space below if you agree to grant to the Williamsburg Starz and/or the City of Williamsburg permission to use you or your child's name, voice, and/or photographs in connection with any of their audio-video productions, articles, or press releases.*

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Name (printed)

## **Williamsburg Starz Financial Agreement Contract**

THIS CONTRACT is by and between **WILLIAMSBURG STARZ YOUTH FASTPITCH SOFTBALL** (“Williamsburg Starz”), and the below signed parent/guardian or Parents (the “Parents”), entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the City of Williamsburg, Virginia. Parents are either the natural parent or guardian of \_\_\_\_\_ (the “Player”). The Parents hereby acknowledge that the Williamsburg Starz is a voluntary organization that requires the commitment of time and financial resources by Parents of Players. The Parents acknowledge and agree that without their financial contribution and volunteer services, the organization would fail to thrive. The Parents further acknowledge and agree that the Williamsburg Starz provides valuable services to the Parents and the Child, which serve as adequate consideration for this agreement.

### **Financial Obligation of the Parents**

In consideration of the Player participating in activities sponsored by the Williamsburg Starz, the Parents agree to pay the following fees:

1. Registration fee of \$175 (10u – 14u) or \$200 (high school)
2. Program fee of \$450

The registration fee is due and payable at the time of the execution of this Agreement. The program fee will be due and payable in three \$150 installments, due on September 11, 2011, February 15, 2012, and May 1, 2012. The Parents will be given opportunities to raise funds on behalf of the Williamsburg Starz, which funds will be applied toward the payment of the program fee.

### **Volunteer Obligation of Parents**

In further consideration of the Player participating in activities sponsored by the Williamsburg Starz, the Parents agree to work as volunteers in the concession stand. Each team will be responsible for running the concession stand over an agreed upon tournament weekend(s) and rec-ball week(s). Should the Parents not be available to work at their appointed time, the Parents agree to immediately notify the team concession coordinator. Failure to meet the team’s concession volunteer requirement may result in an additional fee of \$50.00 for each failure to meet the volunteer obligation.

### **General Terms and Conditions**

The Parents acknowledge that the Player’s privileged to participate in activities organized by Williamsburg Starz is conditioned upon the Parents’ fulfillment of the financial and volunteer obligations set forth in this agreement. The Parents understand that the Parents’ failure to meet these obligations may result in a Player being prohibited in participating further in any activities sponsored by the Williamsburg Starz.

Should the Parents decide to have the Player leave the Williamsburg Starz program prior to the end of the season, the Parents shall notify both the head coach of the Player’s team and the Board of Directors of the Williamsburg Starz in writing as soon as possible, so that team adjustments may be made to provide a smooth transition. Parents who remove their Players during the season will be required to pay in full their remaining financial obligations (payment in full of registration fee of \$175.00 (10u-14u players) or \$200.00 (high school players) and payment in full of \$450 program fee). Upon receipt of the written notification of withdrawal of the Player from the organization, the Parents will be relieved from their volunteer obligations as set forth in this Agreement. However, should the Parents have been assessed any fees for failure to meet their volunteer obligations prior to the date of the written notice of withdrawal, the Parents shall be obligated to pay the Williamsburg Starz in full any





## Williamsburg Starz Fastpitch Player/Parent Code of Conduct

**Player:**

1. I will attend all practices, or contact the coach prior to practice;
2. I will participate in all practices with a positive attitude;
3. I will accept my role on the team;
4. I will strive to improve my skills;
5. I will attend all tournaments, scrimmages, and other events unless previously excused by the coach;
6. I will participate in fund-raising events as needed to fulfill my financial obligations to the Starz organization;
7. I will exhibit good sportsmanship and represent our organization in a positive manner;
8. I will be a positive role model for other athletes in our organization.

**Parent(s)/Guardian(s):**

1. I will make sure my child understands that I support her, win or lose;
2. I will be realistic about my daughter's physical abilities;
3. I will help my daughter set realistic goals;
4. I will emphasize improved skills and development;
5. I will control my emotions at tournaments and events;
6. I will be a cheerleader for my daughter and her teammates;
7. I will respect my daughter's coaches and will communicate positively with them;
8. I will be a positive role model, treating all participants, coaches and officials with respect;
9. I will respect the coach's decisions regarding playing time, team strategy, and play calling. If I have questions, I will set up a meeting with the coach to discuss my concerns outside of practice times or tournament weekends.

\_\_\_\_\_  
Printed Player Name

\_\_\_\_\_  
Player Signature date

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

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

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

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