



Galesville Area Summer Rec 2019 Permission and Registration Form

Family Last Name: _____ Parent/Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Athlete Information: (please use one form for multiple athlete families)

Athlete's Name	Birth Date	Age	Gender	Grade (Currently In)	Sport(s)
1					
2					
3					
4					
5					

2019 REGISTRATION FEES

\$55.00 per child or \$94.00 max per family (prior to 5/3/19)
\$75.00 per child or \$125.00 max per family (after 5/3/19)

Mail form and appropriate fee to:

GASR PO Box 53 Galesville WI 54630

I hereby understand that my son or daughter is registered to participate in the program stated on this sheet, sponsored by Galesville Area Summer Rec. In addition, I understand that his/her program, like other physical activity, has some inherent risk involved. Furthermore, my daughter or son is in good physical condition appropriate for the stated activity, and I understand that participants must assume full responsibility for injury while taking part in these programs

Parent or Guardian Signature _____ Date: _____

Resident of (please check one box):

<input type="checkbox"/> City of Galesville	<input type="checkbox"/> Town of Gale	<input type="checkbox"/> Town of Caledonia
<input type="checkbox"/> Village of Ettrick	<input type="checkbox"/> Town of Preston	<input type="checkbox"/> Village of Trempealeau
<input type="checkbox"/> OTHER:		<input type="checkbox"/> Town of Trempealeau

Total Due:	\$ _____	
Paid by:	Check # _____	Cash
Checked out by:	_____	
Checks payable to <u>GASR</u>		

Galesville Area Summer Rec. Code of Conduct

Player Code of Ethics (One Per Child):

- I will remember that winning is important but learning skills, good sportsmanship and teamwork are our goals.
- I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice. I will be humble in victory and gracious in defeat.
- I will listen, learn and play to the best of my ability. I will strive to always give my best effort at every game and practice. I will take responsibility for my mistakes and try to learn from them.
- I will treat other players, coaches, parents, fans and officials with respect regardless of race, sex, creed or ability and I will expect to be treated the same.
- I will remember that this is a team sport. The team comes first, ahead of my individual accomplishments. I will be supportive of my teammates and helpful to my coaches.
- I will take good care of team equipment, the field and physical property of the club. I will treat it with gentle respect. I will put equipment away when I am done using it.
- I will NEVER throw a bat or anything in anger or display other signs of a bad temper after unsatisfactory play or an umpire call that I do not like.
- I will remember that when I am wearing a Galesville uniform that I am representing my team and my town. I will behave in a respectful, courteous manner & realize that what I do is a reflection on my team/town.
- I will respect the decisions of my coach. If I have a concern or problem with the program I will discuss it with the coach in private at a non game time.
- I will make every effort to attend every practice & every game. I will make every effort to be on time. I will notify the coach if I am unable to attend or be on time.
- I will give first priority to playing baseball in Galesville. If I sign up for another team I will discuss this with the coach in advance & understand that missing games/practices could influence my playing time.

Player Signature

Parent Code of Ethics:

- I will emphasize to my child that winning is important but learning skills, sportsmanship and teamwork are our goals.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game and practice.
- I will place the well-being of my child ahead of my own personal desire to win. I will remember that the game is for the players, not for the parents.
- I will offer encouragement instead of criticism and praise effort over performance. I will be sure that my child knows that “it is not whether they won or lost, it is how they played the game.”
- I will treat other players, coaches, parents, fans and officials with respect regardless of race, sex, creed or ability. I will encourage my child to do the same.
- I will encourage my child to be present at every practice and game and to arrive on time. I will encourage my child to notify the coach when this is not possible.
- I will be involved with the Galesville Area Summer Rec program as a supporter and volunteer to the extent possible.
- If I have a problem with a coach or coaching philosophy I will discuss it with the coach calmly and in private at a non-game time. If I have an on-going concern I will take it to the board at a club meeting.
- I will refrain from coaching, giving guidance, or speaking directly to my child while they are on the field whether it is during practice or a game.

Parent Signature

Please indicate that you have read and understand the above codes of conducts by signing above and returning form to your coach. Please be aware no player will be permitted to participate in a game without returning a Code of Conduct signed by both player and parent.

Galesville Area Summer Rec.
Athlete Medical Release

Note: Fill out one per child & to be carried by coaches at all games and practices.

Athlete: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Phone(s): _____

Address: _____

Family Physician: _____ Phone: _____

Hospital Preference: _____

In case of emergency contact:

Name Phone Relationship to athlete

Name Phone Relationship to athlete

Please list any allergies or medical problems:

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus immunization: _____

Parent/Guardian Authorization:

In case of emergency, if I am not present, I hereby authorize my child, _____, to be treated by Certified Emergency Personnel. (i.e. EMT, First Responders, E.R, Physician)

Signature of Parent/Guardian

Date