



**Emerald Coast Athletes**  
Panama City Florida  
[www.emeraldcoastathletes.com](http://www.emeraldcoastathletes.com)  
850-257-1646

### Player Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_\_ Age on August 31, 2016 \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Player Phone # \_(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Seasons Played \_\_\_\_\_ Positions Played \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_

### Parent / Guardian Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone #\_(\_\_\_\_) \_\_\_\_\_ Secondary #(\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_ Email \_\_\_\_\_

## Additional Parent/Guardian Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_ (\_\_\_\_) \_\_\_\_\_ Secondary \_\_ (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Contact and Important Medical Information

First Guardian to Call \_\_\_\_\_ Second \_\_\_\_\_

Other Relative or Adult / Phone # \_\_\_\_\_

Other Relative or Adult / Phone # \_\_\_\_\_

### Any Important Medical Information

(Asthma, Diabetes, Allergies Etc...)

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## Parent Code of Conduct

1. No one is allowed on the practice field unless they are a coach, player, or board member; spectators must observe from designated areas only.
2. No parent or spectator is allowed to threaten, harass, provoke or strike a coach, player, board or staff member or game official at anytime before, during or after any practice or game.
3. No drinking of alcoholic beverages or use of drugs is allowed at practice or game fields.
4. Do not confront a coach during practice or games. Parents or spectators are not allowed to interrupt practices or games to speak with the coaching staff. Any concerns you have should be directed to the Team Mom, or Board Member who will inform the coaches of any concern requiring their immediate attention. All conversations with coaching staff is to be prearranged and at the coach's availability before or after practice.
5. Parents/Spectators are to refrain from any derogatory remarks or actions, in any manner. Which may result in confrontation by the opposing team.
6. Parents/Guardians are responsible for making sure your child makes all practices and games unless arrangements are made in advance. You are required to make sure your child is picked up after practice or games.
7. Failure to comply with or violate any of the above rules will result in immediate removal from the practice or game field and any area under the supervision and or control of Emerald Coast Athletes. Any person refusing to depart the premises will immediately be cause for the authorities to be summoned and a formal complaint be filed. If any Parent or Spectator strikes, threatens, or attempts to use intimidation on a player, coach, staff or board member, that person shall be banned from ant Emerald Coast Athletes activities for life and the proper authorities will be called.

## Parental/Guardian Permission and Waiver

### 1. Permission to Participate:

I the Parent/Guardian of the above named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all Emerald Coast Athletes sanctioned activities, including transportation to and from the activities by a licensed driver with proof of insurance. **Initial** \_\_\_\_\_

### 2. Intent to Inform:

I Acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football may result in **Serious Injuries, Paralysis, Permanent Disability and/or Death**. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless Emerald Coast Athletes, member organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of an injury to my/our child whether the result of negligence or for any other cause. **Initial** \_\_\_\_\_

### 3. Emergency Medical Authorization:

I hereby grant my permission for any and all medical/dental treatment and/or first aid to be administered to my child/participant. Including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in and and all Emerald Coast Athletes activities. **Initial** \_\_\_\_\_

### 4. Code of Conduct:

The undersigned understands and agrees to the "Parent Code of Conduct" as stated in this document. **Initial** \_\_\_\_\_

### 5. Rules and Regulations:

I Hereby acknowledge and understand that as a parent/guardian of Emerald Coast Athletes participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by Emerald Coast Athletes or any of it's member organizations, including but not limited to the Parents Code of Conduct. Any non-compliance with any and all rules and regulations may be cause for discipline and /or dismissal of any child/participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant. **Initial** \_\_\_\_\_

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all the above.

\_\_\_\_\_

Signature of Parent/Guardian

Printed Full Name

\_\_\_\_\_

Name of Participant/Athlete

Date

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