



North Cheektowaga Amateur Athletic Association

P.O. Box 55, Cheektowaga, New York 14225

- BASKETBALL Registration Application 2009 (PLEASE PRINT) -

1st CHILD:

_____/_____/_____
(LAST Name) (FIRST Name) (Nickname) (Date of Birth) (Gender)

League played in for the 2008 season:

NCAAAA Did not play other: _____

Division Child is Registering For:

BOYS: 8 - 10 Years Old

BOYS: 11 - 13 Years Old

ALL GIRLS LEAGUE: 8 - 13 Years Old

2nd CHILD:

_____/_____/_____
(LAST Name) (FIRST Name) (Nickname) (Date of Birth) (Gender)

League played in for the 2008 season:

NCAAAA Did not play other: _____

Division Child is Registering For:

BOYS: 8 - 10 Years Old

BOYS: 11 - 13 Years Old

ALL GIRLS LEAGUE: 8 - 13 Years Old

3rd CHILD:

_____/_____/_____
(LAST Name) (FIRST Name) (Nickname) (Date of Birth) (Gender)

League played in for the 2008 season:

NCAAAA Did not play other: _____

Division Child is Registering For:

BOYS: 8 - 10 Years Old

BOYS: 11 - 13 Years Old

ALL GIRLS LEAGUE: 8 - 13 Years Old

COMMISIONER: KYLE WOOTEN - 507-7654

**COST: \$125 for first child (\$75 registration fee & \$50 raffle ticket deposit)
\$40 for each additional child (Only 1 raffle deposit required per household)**

(Parent or Guardian - First & Last Name)

(Address)

(City/Town)

(Zip Code)

(Home Phone)

(Mobile Phone)

(Work Phone)

(Email Address)

(Hospitalization Plan)

(Secondary Contact If Any- First & Last Name)

(Relationship)

(Address)

(City/Town)

(Zip Code)

(Home Phone)

(Mobile Phone)

(Work Phone)

(Email Address)

Registration Fees:

FIRST child \$125.00 (\$75 reg. fee & \$50 raffle ticket deposit)

EACH ADDITIONAL CHILD \$40 (Only 1 raffle deposit required per household)

of additional children: ____ x \$40 = _____

Fund Raising Commitment:

By signing this registration form, each registrant or household is agreeing to fulfill their fundraising commitment by selling the 10 raffle tickets they received at registration. **All tickets and money are due no later than 1/16/10.** If tickets are not turned in, registrant will be held accountable and will pay the holder of any winning tickets out of their own pocket. The only way to get your raffle deposit back is to sell all 10 tickets. Ticket stubs can be turned into your coach, commissioner Kyle Wooten or any board member ONLY.

APPLICANT INITIALS: _____

****Please Note: NO REFUNDS will be given****

For League Use Only

Total Amount Paid: _____ Cash Check # _____

Received By: _____

Ticket #'s issued: _____ to _____ / _____ to _____

Parents Code of Ethics

I hereby pledge to provide positive support, care, and encourage my child participating in youth sports by following this Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports events.
- I will place the emotional and physical well being of my child ahead of any personal desire to win.
- I will insist my child play in a safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will demand a drug, alcohol, and tobacco free sports environment for my child and agree to assist by refraining from their use at all youth sporting events.
- I will remember the game is for children and not for adults.
- I will do my best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting the coaches, being a respectful fan, providing transportation, working the refreshment stand, or whatever I am capable of doing.
- I will require that my child's coach be trained in the responsibilities of being a sports coach and that the coach agrees to the Code of Ethics.

Violators of the Code of Ethics will be subject to whatever action is deemed appropriate by the N.C.A.A.A. Board of Directors.

Waiver and Indemnification Agreement

I represent that I am the custodial parent or legal guardian of the child or children who are registering to participate in the North Cheektowaga Amateur Athletic Association (N.C.A.A.A.) sports program. In order that the children may participate in the program, I, as the custodial parent / legal guardian, freely and voluntarily sign this *Waiver and Indemnification Agreement*. I understand that there is inherent danger in participating in any athletic activity. I understand that by permitting my child to participate in this program, he/she may suffer physical injury or cause damage to or the destruction of his/her property or the property of others. I understand that the physical injury may include permanent disability, paralysis, disfigurement, or even death.

I waive, release, and forever discharge any and all claims for personal injury (including death), property damage or other loss, which I may have against N.C.A.A.A., its officers, directors, employees and agents, and all other persons, corporations or entities connected with or participating in the sports programs from and against all claims, lawsuits, liabilities, losses, damages, and expenses of any kind whatsoever resulting from any negligence, fault or lack of due care, or from any other cause whatsoever, which are related in any way to the child's participation in the N.C.A.A.A. sports program.

I have read the Waiver and Indemnification Agreement, Parents Code of Ethics and Fund Raising Commitment. I fully understand their terms. I freely agree to them and permit the child or children to participate in the N.C.A.A.A. sports program.

Signature of Parent or Legal Guardian

Date