

Please complete all fields, print and mail completed form to the SSYAA with payment. Thank You!



Sanford Springvale Youth Athletic Association

P.O. Box 802, Springvale, ME 04083 www.ssyaakids.org

Sport _____

Please print ☺

Applicant Name _____ Phone Number(s) _____

Mailing Address _____ Town _____

E-mail _____ Birth Date _____ Grade in School _____

Did applicant play for SSYAA last year? YES NO If yes, Sport played _____

Team name _____ Coach _____ Division _____

Father's Name _____ Mother's Name _____

Is applicant involved in any other regularly scheduled activities that may coincide with the sport he/she is applying for?
YES NO If yes, list activities, days and times _____

Does applicant have any health problems (allergies, asthma, heart murmur, etc.) we should be aware of? YES NO
If yes, please briefly describe _____

Applicant's Doctor _____ Phone _____

In consideration of acceptance of above named applicant with or as a member of an SSYAA team, I as legal guardian of above named applicant do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims, which I may have or which may hereafter accrue to me against the Sanford Springvale Youth Athletic Association, Sponsors, Administrators or Representatives, Successors, and/or Assigns for any and all damages which may be sustained and suffered by the above named applicant in connection with participation in and return from any SSYAA program. I understand and agree that any incidental photographic or video images of the applicant taken during SSYAA sanctioned events and/or practices and/or games are the sole property of the SSYAA and may be displayed in newspapers, television broadcasts, web sites and any other applicable publications approved by the SSYAA. I further agree that I am responsible to return all equipment issued to my child at the end of the season and that failure to do so obligates me to the SSYAA financially for it's replacement cost as well as collection and/or legal fees if they are incurred while trying to collect equipment and/or money from me.

Legal Guardian's Signature _____  Date _____

Parent Support
We ask for active participation of all parents in our programs. Please circle areas in which you would be willing to help.

Coach	Sports Commissioner	Referee	Committee Member	Concessions
Assistant Coach	Team Parent	Field Preparation	Board Member	Fund raising

STOP! THE REST OF THIS FORM IS TO BE FILLED OUT BY A REPRESENTATIVE OF THE SSYAA.

Today's Date _____ Time _____ Application # _____

Registration fee _____ Cash or Check # _____ Paid to _____

League Age _____ Weight _____ Height _____ Notes _____

SSYAA Rep _____ Notes _____ Notes _____

See reverse to complete application →

Sanford Springvale Youth Athletic Association Inc.

SSYAA would like to thank all the parents who support their children in the participation of our sports programs. Our goal is to provide a safe place for our children to grow as people through athletics, while teaching life-long lessons in teamwork, individual achievements, and good sportsmanship.

Parents Code of Ethics

I HEREBY PLEDGE TO PROVIDE POSITIVE SUPPORT, CARE AND ENCOURAGEMENT FOR MY CHILD PARTICIPATING IN YOUTH SPORTS BY FOLLOWING THIS CODE OF ETHICS.

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sporting event.
2. I will place the emotional and physical well being of my child ahead of any personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
5. 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.
6. I will remember that the game is for children, and not for adults.
7. I will do my best to make youth sports fun for my child.
8. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
9. I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.
10. I will require that my child's coach be cognizant of the responsibilities of being a youth sports coach and that the coach agrees to abide by the SSYAA Coaches Code of Ethics.
11. It is my responsibility as a parent to ensure that my child (children) who attend a practice or games are supervised by an adult at all times; I am responsible for their safety and behavior.
12. It is my financial responsibility for any damages that occur from my child's (children) action not related to the sports activity he/she is participating in.

The SSYAA will not be held responsible due to negligence of parents whose children are not properly supervised. If your child arrives at a practice or a game with another adult, it is still your responsibility for your child's action. Any unruly behavior by you the parent towards another child or adult will result in disciplinary action. The SSYAA has a zero-tolerance policy which will strictly be enforced.

I have read and understand the SSYAA Parents Code of Ethics.

Signature: _____



Date: _____