

KC KNIGHTS YOUTH SPORTS

2019 PLAYER CONTACT

PLAYER INFORMATION				
Player's Last Name:		First:	Middle:	
Preferred/Nickname:		Grade in Fall 2019	Birth date: / /	Age Sex:
Street address:		Cell #	Work #	
P.O. box:	City:	State:	ZIP Code:	
School:	School Address:		School Phone: ()	
Parent/Guardian's Name:		Email:		
Street address:		Cell #	Work #	
P.O. box:	City:	State:	ZIP Code:	
FAMILY MEDICAL INSURANCE				
Carrier:	Group No.:	Address (if different from above):	Policy Number:	
Policy Holder Name:				
Family Physician's Name:	Physician's Address:		Physician's Phone:	
Preferred Hospital:				
IN CASE OF EMERGENCY				
Name of local friend or relative (not living at same address):		Relationship to Player:	Cell #	Work #

KNIGHTS CODE OF CONDUCT

The ideology of youth sports including this program is to promote good understanding and fundamental knowledge of the Sport. It is also critical that good sportsmanship including the ability to always conduct oneself in an appropriate manner of positive accord both on and off the field. It is understood that any incident considered detrimental to the pursuit of this ideology will not be tolerated. It will be addressed in accordance with the statutes of the KC KNIGHTS (KNIGHTS) and may result in dismissal from the program and the inability to participate in any future related activities of the association. This CODE of CONDUCT applies to all involved with the program including but not limited to the Basketball and or T-Ball, spirit participants, parents and guardians.

The KNIGHTS is committed in ensuring all student-athletes have the benefit of a safe and fun learning environment. This commitment require KNIGHTS to clearly demonstrate that inappropriate behavior in any form will be aggressively dealt with to provide assurance to the community, student-athletes, parents and fans inappropriate behavior in any form during any KNIGHTS sanctioned events will not be tolerated.

All student-athletes, cheerleaders, parents/guardians and fans attending all KNIGHTS events and activities, including but not limited to practices, games, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times.

Any adult who is using alcohol, tobacco or nonprescription drugs and/or appears intoxicated at KNIGHTS events, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, will be asked to leave the event.

Any student-athlete, parents, coach, team administrator or fan who strike (hit) someone during any activity and/or event be subject to arrest by local law enforcement authorities and permanently suspended from all KNIGHTS events and activities. Any adult who commits this type of offense child (ren) also will be suspended from all KNIGHTS events and activities for one year.

The **KC KNIGHTS (KNIGHTS)** deems it the head coach’s responsibility to control their sideline which means they are responsible for the actions of their student-athletes, coaches, parents and fans during basketball & / o r game and while at the field. A head coach will be suspended for one game first offense if an incident or altercation occurs as a result of a lack of control of their sideline. Any subsequent offenses will result in suspension of the team and/or association for the rest of the season and possibly a permanent banishment from all Knights events and activities.

Initial: _____

Permission To Participate

I acknowledge that I am fully aware or the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading, dance, and/or step may result in **SERIOUS INJURIES, PARALYSIS, PERMANANET DISABILITY AND/OR DEATH.** Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries. I, the parent/guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/wards' physician, and in my opinion my child/ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.

Initial:

Patient/Guardian Signature:

Date:



KC Knight's Youth Sports

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I hereby assume all of the risks of participating in KC Knight's Youth Sports, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that (child name) _____ is physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in KC Knight's Youth Sports. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the KC Knight's Youth Sports in which I may participate and that it will govern my child actions and responsibilities at said KC Knight's Youth Sports.

In permitting my child to participate in this KC Knight's Youth Sports, I hereby take action for my child, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my child death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me my child including my traveling to and from this KC Knight's Youth Sports. THE FOLLOWING ENTITIES OR PERSONS: KC Knights Youth Sports, Inc., Joseph Hathaway Jr, and/or their coaches, agents, representatives or volunteers.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in KC Knight's Youth Sports, inc whether caused by negligence or otherwise.

I acknowledge that this KC Knight's Youth Sports may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and lack of hydration.

I consent and agree that KC Knight's Youth Sports, Inc., and/or their coaches, agents, representatives or volunteers may take photographs or digital recordings of me and my child participant during this event and use these in any and all media for training or promotional purposes. I further consent that my identity may be revealed therein or by description text or commentary. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration.

The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

Print Participant's Name and Age _____

Signature (Parent or Guardian must sign) _____

Date _____

KC KNIGHTS YOUTH SPORTS

VII. Expectations Contract Signature Page

Please read, sign, and return this page only. Keep the rest of the contract for your reference.

Player:

I have read the **Kansas City Knights** Expectations Contract, or have had it read to me. I understand the rules and responsibilities that come with being a player in KC Knights. I understand that it is a privilege to play football for KC Knights, and that privilege can be revoked if I do not abide by the expectations detailed in this contract.

Player name (please print) _____

Player Signature _____ Date _____

Parent:

I have read the Kansas City Knights Expectations Contract. I understand the rules and responsibilities that come with being a member of KC Knights and CMC. I understand that it is a privilege to be associated with KC Knights, and that privilege can be revoked if I do not abide by the expectations detailed in this contract. I hereby release KC Knights and CMC from any and all liability should I not comply with all requirements necessary for myself and my son to be associated with KC Knights Youth Organization.

Name (Please Print) _____

Signature _____ Date _____

KC KNIGHTS YOUTH SPORTS

Mild Traumatic Brain Injury (MTBI) / Concussion Annual Statement and Acknowledgement Form

I, _____, acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the organizations staff (e.g., coaches, team physicians, and athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My organization has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion>) on what a concussion is and has given me an opportunity to ask questions. FACT sheets are different for Parents, Coaches, Players.
- I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET on the CDC website for Parents and Players.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spirit line, wrestling, lacrosse, mixed martial arts, and rugby and cheer.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Parent or legal guardian must print and sign name below and indicate date signed.

Name (Please Print) _____

Signature _____ Date _____