

II. D.A.D. Athletics Player Registration and Consent Form

Player's Name: _____ Birth Date: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

Home Phone Number: _____

E-Mail Address: _____

Name of school you are currently attending: _____

Emergency Contact: _____ Telephone Number: _____

Family Doctor's Name: _____ Telephone Number: _____

My son/daughter has the following allergies (including drug allergies): _____

IN CONSIDERATION of being permitted to participate in the Greek Orthodox Direct Archdiocesan District Athletic League Programs - (hereinafter referred to as the "League"), the above named registrant Player (hereinafter referred to as the "Player") and I, the undersigned parent(s)/guardian(s) agree to the terms of this consent form and agree to abide by the General Rules of the League. As parent/guardian of the Player, I am aware of his/her wish to participate in the League and understand that by participating in basketball, volleyball or soccer, which are contact sports, there is an inherent risk of injury to the Player. In addition, I am aware that participation in the League will involve travel to and from an activity, practice, game or event.

The Player and I acknowledge and accept the risks associated with such participation and the travel involved and I hereby grant permission to the Player to participate and to travel.

The Player and I assume all the risks and hazards incidental and inherent in the conduct of such athletic activities and hereby release, waive, discharge, and covenant not to sue: *(insert name of your church)* _____ Greek Orthodox Church of *(insert city and state)* _____ the Greek Orthodox Archdiocese of America, the League, and those associated with these entities including but not limited to, the other participating League communities, teams, coaches and players and the Clergy, Officers, Parish Council Members, Directors, Coaches, Members, Consultants, Supervisors, Managers, Agents and Employees (hereinafter referred to as the "Releasees").

The Player and I also hereby assume full responsibility for and the risk of bodily injury, death or property damage due to the negligence of the Releasees. The player and I release the Releasees from any and all

D.A.D. Athletics Player Registration and Consent Form (page 2)

liability or claim by the Player and I, his personal representatives, assigns, heirs and next of kin for any and all loss or damage, on account of injury to the Player including the death of the Player, whether caused by the negligence of the Releasees or otherwise while the Player is in, upon, or about church premises or associated facilities or using the equipment therein while participating in any program affiliated with the League.

The Player and I hereby agree to indemnify, save and hold harmless the Releasees from any loses, liabilities, damages, payment of any settlements or the defense of any suits including but not limited to attorney fees or any other costs they may incur arising out of any incident/injury incurred by the Player while he/she is in, upon or about the premises or any facilities or use of equipment or is therein participating in any program affiliated with the League.

In addition, the Player and I hold harmless and release from all liabilities, any person(s) transporting the Player to or from any League related activity scheduled or arranged by the Releasees.

In the event that I cannot obtain a physicians note stating that the Player can participate in the League, I represent that the Player has been recently examined by a physician, is in good health and has no physical or mental disabilities that would prevent him from fully participating in the League.

I consent to any emergency medical treatment of the Player, in the event I cannot be reached within a reasonable time.

The Player and I further expressly agree that the foregoing Consent Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of (NY or CT) _____ and that if any portion thereof is held invalid, it is agreed that the remaining agreement shall, notwithstanding, continue in full legal force and effect.

I herewith acknowledge understanding the Consent Form above and agree to its terms.

Signature of Parent/Guardian of Registrant Player

Date

This form must be completed and handed in with the Team Roster Registration Form

III. D.A.D. Player Oath of Conduct

(For Athletes in New York Based Leagues)

This form to accompany all rosters

As an Athletic participant in this program I, _____, pledge to uphold the teaching, tradition and mission of the Orthodox Church. I pledge to comply with all by-laws, guidelines, rules and regulations and to be respectful to all people. Furthermore, for the good of the Church and any athletic event, I will:

- Behave in a manner befitting an Orthodox Christian
- Maintain self-control, refrain from using profanity or profane gestures
- Show respect in defeat and modesty in victory
- Show courtesy to all sports officials, authorities and teammates
- Show respect for all opponents
- Play the game fairly to the best of my ability, and accept the outcome graciously

I understand that the purpose of the program is to give me the opportunity to participate in athletic events, experience Orthodox fellowship, have fun and grow in my relationship with Jesus Christ.

Signature of Participant (Player)

Print Name

Parish Name and Location

IV. D.A.D. Player Oath of Conduct

(For Athletes in Connecticut Based Leagues)

This form to accompany all rosters

As an Athletic participant in this program, I, _____, pledge to uphold the teaching, tradition and mission of the Orthodox Church. I pledge to comply with all by-laws, guidelines, rules and regulations and to be respectful to all people. Furthermore, for the good of the Church and any athletic event, I will:

- Behave in a manner befitting an Orthodox Christian
- Maintain self-control, refrain from using profanity or profane gestures
- Show respect in defeat and modesty in victory
- Show courtesy to all sports officials, authorities and teammates
- Show respect for all opponents
- Play the game fairly to the best of my ability, and accept the outcome graciously

I acknowledge that I am not a member of my High School Junior Varsity or Varsity Basketball Team. I understand that the purpose of the program is to give me the opportunity to participate in athletic events, experience Orthodox fellowship, have fun and grow in my relationship with Jesus Christ.

Signature of Participant (Player)

Print Name

Parish Name and Location

V. D.A.D. Parent Oath of Conduct

(For Parents of New York and Connecticut Leagues)

This form to accompany all rosters

1. I acknowledge that children participate to have fun, and the game is for the youth, not adults
2. I (and my guests) will be positive Orthodox Christian role models for our children, and I will encourage good sportsmanship by showing respect and courtesy.
3. I will not encourage any behavior or practices that would be considered unsportsmanlike.
4. I will teach my child(ren) to play by the rules and to resolve conflict without resorting to violence and hostility.
5. I will encourage my child(ren) to treat other players, coaches, officials and spectators with respect, regardless of race, creed, color or ability.
6. I will teach my child(ren) that doing one's best is more important than winning.
7. I will praise my child(ren) for competing fairly.
8. I will never ridicule or yell at my child(ren) or others for making a mistake or losing a competition.
9. I will emphasize to my child(ren) skill development and practice over winning.
10. I will promote the spiritual, emotional and physical well-being of the participants ahead of any personal desire I may have for my child(ren) to win.

Adapted from the National Youth Sports Safety Foundation

Signature of Parent/Guardian

Print Child's Name

Parish Name and Location

VI. D.A.D. Coach Oath of Conduct

(For Coaches of New York and Connecticut Leagues)

This form to accompany all rosters

1. I acknowledge that children participate to have fun, and the game is for the youth, not adults
2. I (and my Assistants) will be positive Orthodox Christian role models for our children, and I will encourage good sportsmanship by showing respect and courtesy.
3. I will not encourage any behavior or practices that would be considered unsportsmanlike.
4. I will teach my child(ren) to play by the rules and to resolve conflict without resorting to violence and hostility.
5. I will encourage my child(ren) to treat other players, coaches, officials and spectators with respect, regardless of race, creed, color or ability.
6. I will teach my child(ren) that doing one's best is more important than winning.
7. I will praise my child(ren) for competing fairly.
8. I will never ridicule or yell at my child(ren) or others for making a mistake or losing a competition.
9. I will emphasize to my child(ren) skill development and practice over winning.
10. I will promote the spiritual, emotional and physical well-being of the participants ahead of any personal desire I may have for my child(ren) to win.

Adapted from the National Youth Sports Safety Foundation

Signature of Coach

Print Name

Parish Name and Location

VII. D.A.D. Athletic League Coaching Application

To be completed by individuals who wish to Coach
in either the New York and Connecticut Leagues

1. Name: _____

2. Church: _____

3. Address: _____

4. Phone Number: _____

5. Mobile Phone Number: _____

6. E-Mail Address: _____

7. Team that you are applying to coach: _____

8. Previous coaching experience: _____

9. I acknowledge that I have reviewed, understand and will abide by the D.A.D. Athletic Rules and Guidelines Manual concerning the Sport that I coach. _____

Signature of Applicant

Proistameno's Signature

Date

----- *Administrative Approval* -----

Signature

Date

This completed form needs to be presented to the Proistameno

IX. D.A.D. Athletic League Accident Report

Date: _____

Activity: _____

Name, E-mail, Telephone Number of Person Supervising the Event: (Example: Coach)

Injured Person's Name: _____ Team: _____

Address: _____

Telephone Number: _____ Age: _____ Gender: _____

Date and Time of the Accident: _____

Exact Location of the Accident: _____

Extent of the Injury (If Known): _____

Cause of the Accident: _____

Witnesses: (Name, E-Mail, Telephone Number) *Please attach their statements to the Accident Report*

1. _____

2. _____

3. _____

Remarks of the Person Reporting the Accident: _____

Was Player's Parent Called? _____ By Whom? _____ Time: _____

First Aid Administered? _____ EMS Called? _____ Time: _____

Name, Address and Telephone Number of the Person Completing the Report:

----- *To be filled out by Archdiocese Staff* -----

Date the Report Was Sent to the Insurance Company: _____

Signature: _____

X. D.A.D. Athletic League Game Day Roster Form

League: _____ Team Name: _____

Division: _____ Head Coach: _____

Date: _____ Assistant Coach: _____

	Player Name	Jersey Number
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