YOUTH ATHLETICS INFORMATION FORM

This form is required for all children participating in soccer, basketball, t-ball and girls softball. This form can be dropped off, mailed or faxed to Sunset Knoll Recreation Center.

Mail: 820 S. Finley Road, Lombard, IL 60148 Fax: (630) 620-0762

Sport:	Season:	School:	Grade:
Player First Name:	Player Last Name:	Ph	one:
Sex: M F F Illnesses, alle	ergies, or other medical conditions:		
Evenings player cannot practice:	Friendship Re	quest (limit one):	
Coach Request:	Paricipating On Trav	vel or School Team? Y 📃 N	# Years in Sport:
Please note: requests for teams, players	or coaches are not guaranteed. Only one frienc	I request is permitted and should coinci	de with the requested friend's request.
Parent/Guardian Name (Print):	Par	ent/Guardian Signature:	
Date:			
Parents/Gu	ardians: If interested in coaching, ple	ase complete the following info	ormation:
For the sport listed on this form, the	following parent/guardian can be a: H	lead Coach 📃 Assistant Coa	ch (Background Check Required)
First Name:	Last Name:	Pho	ne:
Email:	Preferred practice night(s):	
	Y 🔲 N 🔲 Are you ASEP certi		
If you are signing up to be a head coa	ach and have an assistant coach, please	include their information (limit o	ne):
First Name:	Last Name:	Pho	ne:
Email:	Preferred practice night(s):	

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Sex: M 🗌 F 📃 Illne	esses, allergies, or other medical conditions:		
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First Name:	Last Name:	Phone:	
Email:	Preferred practice night(s):		
Have you ever coached this	sport? Y N N Are you ASEP certified?	Y 🗌 N 🗌	
If you are signing up to be a	head coach and have an assistant coach, please includ	le their information (limit one)):
First Name:	Last Name:	Phone:	
Email:	Preferred practice night(s):		

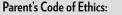
Lombard

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Parent's Code of Ethics:

I hereby pledge to provide positive support, care and encouragement for my child participating in youth athletics in accordance with the following:

- I will encourage sportsmanship and character development by showing support for all players, coaches and officials involved at all games and practice sessions.
- In accordance with the Lombard Park District, I will place the emotional and physical well being of my child ahead of a personal desire to win.
- I will insist and help to insure that my child and his or her team play under safe conditions at all times.
- I will expect that coaches and teams adhere to the rules of participation and competition at all games and practice sessions.
- In accordance with the Lombard Park District and Lombard Character Counts! Coalition, we will uphold the principals of the six pillars of trustworthiness, respect, responsibility, fairness, citizenship and caring.
- I will not condone the use of drugs, alcohol and tobacco at any Lombard Park District event and will refrain from their use at all games and practice sessions.
- In an effort to aid their development, I will make every attempt to ensure my child attends all games and practice sessions on a timely basis.
- As a family and team, we will respect all of our teammates, opponents, referees, coaches and league officials.
- I will do my best to actively take on any necessary role to improve the quality of sport experiences.
- I will remember that youth athletics programs are intended for the youth of our community and I will do my best to make these experiences fun and rewarding.



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Lombard PARK DISTRICT

