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# St. Eustatius Netball Association

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wish to be a member of the St. Eustatius Netball Association an affiliate of A+ APTC Foundation

Applicant Information

Address:

Age:

Date of Birth:

Sex

**M F**

Name:

Email:

Parents’/Guardians’ Names (Please list all):

Grade:

School:

Home Phone:

WhatsApp/Cell Phone:

Student WhatsApp/Cell phone:

Shirt Size: Youth: S M L **OR** Adult: S M L

(circle)

## Medical Information/Authorization

Doctor’s Name:

Phone:

Personal ID:

Management should rush him/her to the hospital immediately in case of emergency: YES NO

Emergency Phone:

Emergency Contact:

Allergies:

Does your child have any medical disorders which might affect his/her playing ability or which might

endanger other persons? Initial One: No\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_\_ If yes, please explain:

If your child wears a medical alert bracelet or has such a condition, please bring this to the attention of Management

**Authorization/Waiver of Liability**

In consideration of the acceptance of this application, I for myself, my child/ward, all executors and assignees, do hereby release and discharge A+APTC and/or it’s, volunteers, and employees, for all claims, demands, or causes of action arising out of participation in both practices and games sponsored by the organization. I attest that I have full knowledge of the risks involved in intense athletic activity and that my child/ward is physically able to participate. I hereby authorize the designated volunteer or coaches of the organization to act for me according to their best judgment in any emergency requiring medical attention. I further agree to be responsible for any medical or other charges in connection with my child’s/ward’s participation in any event sponsored by A+APTC.

Parents Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Members Fee: Sponsored by A+ APTC Foundation (Temporary)**

Should you have further information or queries, feel free to contact us at +1721-580-2787, 599-318-0788, info@aptcyouth.orgor visit De Graafweg#13.

**CODE OF CONDUCT**

Positive attitudes are expected to keep the Program fun. Below are some guidelines participants are expected to follow:

* Respect Management and peers
* Play fairly and be honest
* Applaud the efforts of others
* Avoid inappropriate language
* Say only good things about others
* Resolve disagreements in a positive way
* Follow the instructions of the Management
* Be respectful of other members and their property
* Tobacco, drugs, alcohol, and weapons are prohibited
* Take care of Team equipment and uniforms
* No inappropriate touching

Review of the policy serves as your WARNING.

* If you are found to be in violation of this policy you will be suspended for up to two weeks of training and competitions.
* On the second offense you will be suspended for up to 4 weeks of training and competitions
* On the third offence you will be removed from the team for 1 year

Member signature agreeing to the code of conduct of the Team

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Child’s Signature Date

**Management/Officers**

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Andrenne Roulston A. Lopes

President Secretary