

## Rules and Regulations

- No CLEATS!!- NO EXCEPTIONS!
- No sliding in scrimmages and team games (Soccer)
- Registration Forms: - No Individual is allowed to play until necessary information and signatures are properly completed.
- Players must always wear sneakers or flat footwear on the turf field.
- Players are required to provide and wear proper equipment such as shin guards, long socks, helmets, gloves, and pads (Lacrosse, Field Hockey and Tee-Ball).
- All players are required to follow the rules and regulations set by the Sports director and coaches alike. Any negative/unwarranted behavior may result in the participant being removed from the session.

**For Violations of rules, regulations, and the Playplace Sports Academy code of ethics, these steps will be followed:**

**Step 1- Verbal Warning:** Coach will discuss undesirable conduct with player and parents and stress that this behavior will not be tolerated. Coach will document this conversation and forward it to the Sports Program Director.

**Step 2- Class Suspension:** If the unwanted behavior continues, the program participant will be suspended from participating for a total of 1 class. The coach will document and inform the Sports Program Director of this issue. The issue will be discussed with the participants' parents/guardian.

**Step 3- 2-week Class Suspension:** Coach will suspend the program participant a total of 2 weeks during the 8-week session period. Depending on the sport, the participant could miss a minimum of 2 classes. The coach will document and inform the Sports Director of this issue. The Parents/Guardian of the participant will be warned that the next violation will result in program removal.

**Step 4- Program Removal:** if the behavior does not change, the participant will be removed from the program and future sessions. The Parents/Guardians of the individual would have to make an informal request for the child to be brought back to the program for future sports sessions. Requests can be made to the Sports Program Director or the Owner of the Playplace.

## Inclement Weather Policy

Should the Playplace be forced to cancel a session due to inclement weather or unforeseen circumstances, an email will be sent out to the participants parents/guardians detailing the reasoning for cancellation. A makeup date for the session will also be included in the email.

## Emergency Contact and Medical Information

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Child's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

1<sup>st</sup> Emergency  
Number

Home/Work Phone

Home /Cell Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

## Alternative Emergency Contacts AND People Authorized to Pick Up in my Absence

Primary Emergency Contact

Secondary Emergency Contact

Home /Cell Phone

Work Phone

Home /Cell Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

## Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics/First Aider for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

## Sports Academy 2024/2025 Health Record

**Physical Exams & Immunization Records Are Valid For 1 Year From Date of Last Examination**

**Please submit a copy of a Current Immunization Record (Dated within 12 months)- Please Initial Below**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_ My child is up-to-date on all the routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

\_\_\_\_ May participate in all sports activities.

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

Is the child taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s):

Does the child have allergies? YES/ NO Explain: \_\_\_\_\_

Is the child on a special diet? YES/ NO Explain: \_\_\_\_\_

Does the child have special needs? YES/ NO Explain: \_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

## 2024 Sports Academy Pick- Up Authorization Form

The following people are authorized to pick-up my child(ren) from The Playplace in addition to listed people above. I understand my child will be allowed to leave with these additional individuals. Photo identification will be asked for. Any regularly authorized person for pick-up must be listed on the emergency contact form.

The authorized person must report to the front desk upon pick- up time and present a photo ID

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Person's Name

Relationship

Phone Number

Dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_