

**Kirtland Youth Association, Inc.**  
**# 39 Road 6500 Kirtland, NM 87417 (505) 598-9156**  
**2024 – 2025 Winter Basketball Program**  
**Registration Form**

Date: \_\_\_\_\_

**REGISTRATION NEEDS TO BE PAID IN FULL BEFORE THE PLAYER IS ELIGIBLE FOR THE DRAFT (NO CHECKS ACCEPTED).**

**THERE ARE NO REFUNDS AFTER THE DRAFT HAS BEEN DONE. YOUR ENTRY FEE WILL BE CONSIDERED AS A DONATION.**

Grade: <b>2 3</b>	Gender: <b>Male Female</b>
Youth T-Shirt Size: ARE ONLY FOR 2 & 3 GRADE	
<b>Medium (10-12), Large (14-16), X-Large (18-20)</b>	

**OR**

Grade: <b>4 5 6 7 8</b>	Gender: <b>Male Female</b>
Adult T-Shirt Size:	
<b>Small</b>	<b>Medium Large X-Large</b>

*(Please Print Clearly)*

**Player Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Phone # 3: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Parent OR Guardian Names: \_\_\_\_\_

**Emergency Contact Information:** *(Please list two emergency contacts other than those listed above)*

Name	Relationship	Home#	Work#	Cell#
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Name	Relationship	Home#	Work#	Cell#
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Do you have health insurance: **Yes No** Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Family Physician or Clinical Provider: \_\_\_\_\_

My child is presently under the following medical treatment or taking the following medication(s): \_\_\_\_\_

My child is presently allergic to the following medication(s): \_\_\_\_\_

Describe any other physical limitations or problems that should be known by the coach(s) or emergency medical personnel (e.g. hearing problems, hemophilia, diabetes, arthritis, etc): \_\_\_\_\_

***Emergency Medical Release:***

If emergency medical care is deemed necessary and I cannot be reached, I authorize the Kirtland Youth Association, Inc. to act on my behalf in granting permission for my child to receive emergency medical treatment.

Parents Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **PLAYER'S CODE OF ETHICS**

*Please read carefully*

- I will attend every practice and game that it is reasonably possible for me to attend and call the coach if I cannot attend.
- I will pay attention to the coach and not waste time by behaving poorly during practice. I will do my very best to listen and learn from my coach's.
- I will show respect for my coach, my teammates and my opponents at every game and practice and will encourage good sportsmanship among my fellow players, coaches, parents, and officials.
- I will respect the decisions of the referee and demonstrate good sportsmanship.
- I will be a good sport, regardless of whether my team wins or loses.
- I will expect to receive a fair amount of playing time.
- I deserve to have fun during my sports experience and will tell parents and coaches if it stops being fun.
- I will do my very best in school.
- I will remember that sports is an opportunity to learn and have fun.

\_\_\_\_\_  
Player's Name (Print)

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

## **PARENTS'S CODE OF ETHICS**

*Please read carefully*

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following *this code of ethics*:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game or other sports event.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will insist that my child play in safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will demand a drug, alcohol, and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
- I will remember that the game is for children and not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.

\_\_\_\_\_  
Parent's Name (Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

*Rate this applicant on their basketball skills in passing, dribbling, shooting, and game experience on the following scales:*

*5 – Very Proficient, 4- Proficient, 3- Somewhat Proficient, 2- Limited Proficient, or 1- Beginner (Circle one number for each skill)*

Passing:      1    2    3    4    5

Game experience:    1    2    3    4    5

Dribbling:    1    2    3    4    5

Shooting:    1    2    3    4    5

TOTAL: \_\_\_\_\_