

Pasadena Community Church Recreation Ministry

2016 Fall Sports Program



Pasadena Community Church is happy to announce our after school sports programs. The sports programs are open to all school children and are designed to teach basic fundamentals and techniques for each sports activity while providing a fun learning atmosphere. Each sports activity will run for a three week period and will be held on Mondays, Tuesdays and Thursdays from 3:30-4:30pm for Pre-K and 4:30-5:30pm for elementary students. The cost is \$25 for all three weeks of activities.

Parents please note!!

Group One (3:30 - 4:30pm)

This group will be picked up and brought back to the school at the end of each sports day.

Group Two (4:30 - 5:30pm)

Parents are responsible for picking up their children at the end of each sports day.

Week 1	Sept 26 - 29	Soccer
Week 2	Oct 3 - 6	Tennis
Week 3	Oct 10 - 13	Hockey

For more information contact:

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Pasadena Community Church

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Pasadena Community Church Sports Program Policies

Pasadena Community Church is happy to announce our sports programs. The sports programs are open to all school children and are designed to teach basic fundamentals and techniques for each sports activity while providing a fun learning atmosphere.

To register a child, complete the Registration and Notarized Emergency Medical Release forms with payment and return all forms to the church by the registration deadline. Players are not registered until both forms and payment are received.

Player Responsibilities:

1. All players will treat teammates, coaches, and volunteers with dignity and respect at all times.
2. All players will be on their best behavior during practices and listen to the coaches and volunteers at all times.
3. All players will wear appropriate attire during practices, including shorts, t-shirt and tennis shoes.
4. Have fun!

Parent Responsibilities:

1. Parents will treat players, coaches, volunteers and staff with dignity and respect at all times.
2. Parents and guests will refrain from making any negative comments about players' mistakes or errors during practices.
3. Coaching is to be done only by the coaches. Parents agree to refrain from coaching or directing your child or other players during all practices.
4. Parents will support and encourage their child to always do their best.
5. Parents will be responsible for dropping off and picking up their child from the courts at each practice. If other arrangements have been made, the parent must notify the coach in charge before game/practice.

Coach and Volunteer Responsibilities:

1. Coaches and volunteers will treat all players equally and in a respectful manner.
2. Coaches and volunteers will balance individual growth, social development, and the acquisition of tennis knowledge and skills in working with individual players and the group as a whole.
3. Coaches and volunteers will train players to play with good sportsmanship and to abide by the rules of the game.
4. Coaches and volunteers will continuously promote a positive and fun atmosphere for the players
5. Coaches and volunteers will be responsible for checking children in and out by their parents (unless otherwise notified) at the beginning and end of all practices.
6. Coaches and volunteers will treat players and parents with respect.
7. Coaches and volunteers will leave no child unattended.



Pasadena Community Church Sports Registration Form



Player Information

PLEASE PRINT CLEARLY!

Player Name: First _____ Last _____

Birth Date: ____/____/____ Age: ____ Grade: ____ Male: ____ Female: ____

Parent/Guardian Name: First _____ Last _____

Address: _____ City: _____ Zip _____

Phone: Home _____ Cell _____

Email: _____

Emergency Contact: _____ Phone: _____

Informed Consent (Parent Signature Required)

I, the parent/guardian of the registrant, acknowledge that I am completely aware of the inherent risks associated with sports, and hereby waive, release and discharge Pasadena Community Church (PCC) and all of its affiliated organizations, as well as their officers, directors, employees and agents (collectively, the "Released Parties"), from any and all liability and responsibility in the event my minor child, named above, becomes injured in any way during their participation in sporting events or activities associated with the Released Parties. I further state that I and/or my child takes full responsibility for any injury that may occur as a result of my child's participation, and that neither I nor my child will hold the Released Parties responsible for any aggravation of pre-existing injuries prior to or during my child's participation in any sporting event or activity associated with the Released Parties.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I have received a copy of the Policies and Expectations.

_____ YES _____ NO

If applicable, my child may drive.

_____ YES _____ NO

I understand the pictures may be used for publicity in print & internet.

_____ Initials



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____



Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

(Child's Full Name)

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me on _____ 20_____
(Month) (Day) (Year)

by _____, who is personally known to me or who has
(Name of Affiant)

SEAL OF NOTARY

produced _____ as identification.
(Type of Identification)

Signed: _____ (Signature of Notary)