

**PARENTS AND SPECTATORS CODE OF CONDUCT:**

1. I understand that my child will play for the team he or she is drafted on, or if they are playing in the PeeWee League, the team they are placed on by the Recreation Department.
2. Any parent or spectator caught at the gym or on the gym property drinking alcoholic beverages will be turned over to the police department as will anyone publicly intoxicated.
3. Any parent or spectator coming onto the gym floor during a game or practice will be asked to leave.
4. Each parent and spectator should keep the welfare of the children participating in mind while at the gym.
5. Accept the decision of the officials as being called fair and to the best of their abilities.
6. No parents or spectators are to criticize any players, referees or coaches during the game or practice.
7. Any parent or spectator that attacks a coach verbally or physically will be reprimanded by the recreation and police departments.
8. Any parent or spectator caught using profane language at the gym will be handled as per the city ordinance.
9. During this meeting we will discuss team rules, expectations, etc. Please make this meeting a priority so you will be informed and the misunderstandings will be kept to a minimum.
10. If you need to discuss anything with the coach, please make a point to do so before or after practice so that the young athletes get the attention they deserve during practice.
11. The Mullins Recreation Department reserves the right to rule on any subject covered or not covered in the policies, and the Department's decision is final.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* NO REGISTRATION WILL BE TAKEN WITHOUT A BIRTH CERTIFICATE \*\***

**MULLINS RECREATION REGISTRATION FORM BASKETBALL**

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

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

School: \_\_\_\_\_

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

City: \_\_\_\_\_

Program: PeeWee   Small Fry   Mite   Midget   Junior  
                  5 - 7           8 - 10           11&12       13 & 14       15 - 17

Played last year: YES       NO

Email Address: \_\_\_\_\_

Known Illnesses: \_\_\_\_\_ Medications: \_\_\_\_\_

This is to certify that my child has my permission to participate in the program. I understand that the City of Mullins, Mullins Recreation Department, coaches and/or officials will not be held responsible for any accidents during the program training sessions, games, or travel. Parent/Guardian also agrees to provide safe transportation of this child to and from games and practices.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only	Birth Certificate	Date:	Receipt No.:
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