



CLUB REGISTRATION FORM

Date _____

ACAS a non profit organization
PO Box 315286
Tamuning, Guam 96931
Contact: 671-646-2227
Email: tamuningtyphoons@yahoo.com

STANDARD INFO

Name of Member: _____
Last First Middle Initial

Gender: Male Female Date of Birth: _____ Age: _____
MM / DD / YY

Email Address: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____ Mother's Name: _____

Work Phone: _____ Work Phone: _____

**The above information will only be used for Tamuning Typhoons correspondence/emergency.*

MEDICAL INFO

Does your child have any medical or physical conditions that may prohibit participation in any activities?

() NO () YES If yes please indicate: _____
(Please attach a separate sheet, if necessary)

PARENTAL CONSENT, RELEASE OF LIABILITY AND WAIVER OF CLAIMS

I hereby grant permission for my child, to participate in the Tamuning Typhoon Youth Basketball Club program and all its activities and events. I acknowledge and understand that this program can be rigorous and may cause injury through normal participation. Therefore, I hereby release and hold harmless, the Academy of Computer Arts and Sciences (ACAS) dba the Tamuning Typhoon Youth Basketball Club, its Employees, Volunteers, Members, Sponsors, Affiliates and Representatives from any and all claims and/or liabilities of any kind arising out of his/her participation in this program.

I hereby acknowledge that my child will adhere to all the rules and regulations while registered. I also acknowledge that all information provided above is true and correct and understand the contents of this registration form. I also acknowledge that press releases will be conducted and I authorize articles, photos and video footage of my child, with regards to this activity, to take place.

Parent Signature (print and sign)

Date



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Parent Code of Ethics

Tamuning Typhoon coaches and staff are encouraged to be role models in upholding a Code of Ethics during this season. Coaches are expected to maintain appropriate ethics in their coaching position. In return, we feel that parents should also be held to a high standard of behavior to provide a positive environment for their child's sports experiences. Together as partners, we can provide a fun, safe and positive recreational program for all of the participants this season. Outlined below is the Parent's Code of Ethics we'd like to follow this season. Please read and acknowledge by signing below. You may request a copy at any time for your private file. This **MUST** be signed in order for your child to be eligible to participate!

I hereby pledge to provide a positive support, care and encouragement for my child participating in youth sports by adhering to this Parent's Code of Ethics.

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other sporting event.
2. I will place the emotional and physical well being of my child ahead of a personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.
5. I will demand a sports environment for my child that is free of drugs, and alcohol and will refrain from their use at all sporting and relative events.
6. I will remember that the game is for the youth and not for adults.
7. I will do my very best to make youth sports fun for my child.
8. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
9. I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching and providing transportation.

 Signature of Parent/Guardian Print Name Date

Staff Use ONLY:

ITEM	RECEIVED? <i>(indicate date received)</i>	Comments <i>(receipt no., etc...)</i>
Registration Form		
Liability Waiver signed?		
Parent Code of Ethics signed?		
Copy of Birth Certificate/Passport		
Fees Paid?		



Office of the Mayor
MUNICIPALITY OF
TAMUNING - TUMON - HARMON

Office of the Mayor

Municipality of Tamuning-Tumon-Harmon

Telephone No.: (671) 646-5211/646-8646/649-2409 Fax No.: (671) 646-5210

Mayors' Council of Guam P.O. Box 786 Hagatna, GU 96932-0786

Francisco C. Blas
Mayor

Louise C. Rivera
Vice Mayor

WAIVER

Date: _____

Name of Applicant/Organization: _____

Address: _____ Contact Nos.: _____

Type of Function: _____

The undersigned hereby releases the Tamuning-Tumon-Harmon Mayor/Vice Mayor/Mayor's Office and Government of Guam from liability for any and all personal property lost, damaged, and/or stolen, as well as all injuries incurred on the premises of the Tamuning-Tumon-Harmon Mayor's Office to include Parking Lot/Community Center/Gymnasium/Outdoor Courts/Park Area/Baseball Field and other areas controlled by the Mayor's Office.

By signing this waiver, I hereby agree to also adhere to all Rules and Regulations set by the Tamuning-Tumon-Harmon Mayor's Office. I also understand that any damages incurred to the premises during the date and time of my usage, will be paid at my own expense.

Applicant/Organization Representative

Date and Time

Mayor/Vice Mayor/Admin. Asst./Office Staff:

Date and Time