



www.elpasotexas.gov/parks

(Please Print)

CITY OF EL PASO, TEXAS
EL PASO PARKS & RECREATION DEPARTMENT
SPORTS SECTION

PARENT PERMISSION SLIP (REVISED 03/10/2009)

Type: (Circle One) Team Individual **Receipt No. for Individual Signup Only:** _____
Child's Name: _____ **Phone No.:** _____
Address: _____ **Date Of Birth:** _____
School Name: _____ **Grade:** _____
Age Group: _____ **Height:** _____
Team Name: _____ **Gender:** (Circle One) Boys Girls

Sport: (Circle One) Football, Flag-Football, Basketball, Baseball, Softball, Soccer, Volleyball, Hockey, Kickball

I hereby certify that this youngster has my permission to participate in the Sports Program offered by the City of El Paso, Texas, Parks & Recreation Department. In case of injury to a participant in the program, I understand that the City of El Paso, Texas, Parks & Recreation Department, its staff, and game officials are not legally liable for such injury or any expenses. Furthermore, I authorize the school authorities to release information concerning the participant's age and birth date. I have read and understood the City of El Paso, Texas, Policy as stated. I have also received a copy of the Rules and Regulations pertaining to the Sport (also available on the City web site www.elpasotexas.gov/parks/sports_rules.asp) for which this permission slip was executed. I also understand that I must attend a mandatory Parent Class in order for my child to participate in the program. I certify that the above information is correct. If I do not attend the Parent Class, I understand that my child will not be able to participate in the program.

This is a Competitive Sport; injuries may occur and will be the sole responsibility of the individual child and family who chooses to participate in the program. Players are expected to be alert at all times and be in good physical condition. As expected, before taking part in any physical activity all players should have their physician's approval and permission from a parent or legal guardian.

Though the City of El Paso, Texas, attempts to thoroughly maintain all Recreation Centers and Athletic Playing Fields, the City cannot guarantee that all the Facilities will always be in perfect condition. All Players, Coaches, Team Staff, and Spectator are charged with and are required to inspect All Playing Fields or Facilities prior to beginning any activity. They are further required to report any problems to the City of El Paso, Texas, Parks & Recreation Department for immediate action and they are to cease the activity if the situation poses a Safety Hazard and cannot be immediately corrected. The Players, Coaches, Team Staff, and Parents are responsible for their Spectators and Guests attending the games and should supervise them to ensure that no accidents or injuries occur.

Permission for my Child's Name, School, Date Of Birth, Photo, and Video to be released to the public or Electronically Displayed participating or being a spectator in City Sports.

I Give I Do Not Give

(Must Check One Box)

(Signature of Parent / Legal Guardian)

(Date)

(Print Name of Parent / Legal Guardian)

I wish to be a Coach. YES NO
(Check a box.)



TEXAS AMATEUR ATHLETIC FEDERATION
S.M.A.R.T. PARENTS FOR
YOUTH SPORTS
PARENTS PLEDGE

I SHALL:

Set a positive example by exhibiting sportsmanlike behavior at all youth sports games and practices.

Make it fun and enjoyable for all players.

Applaud the good play for every player, not just my own children or team.

Resist the urge to “coach” for the coaches or “officiate” for the officials.

Treat every player, coach, official, and fellow spectator with respect and dignity.

Promote a safe and wholesome environment.

Avoid criticizing children, providing positive reinforcement instead.

Refrain from losing my temper towards players, coaches, spectators and/or officials.

Emphasize the value inherent in the sports experience.

Never use abusive language or display offensive gestures toward coaches, players, officials or spectators.

Take responsibility for my friends, my family members, and myself during all youth sports games and practices.

My signature below indicates that I have read and understand the “Parents Pledge” and I agree to adhere to the following parent expectations throughout my involvement in my child’s participation in a youth sports program.

Signature Of Parent / Legal Guardian

Date

Parent’s / Legal Guardian’s Name:

(Please Print)

I wish to be a Coach. YES NO
(Check a box.)



Child’s Name: _____

(Please Print)