

THE BOYS & GIRLS CLUBS OF GREATER KANSAS CITY PLAYER CODE OF ETHICS

I pledge to have a positive attitude and be responsible for my participation in the RBI Program by following this Code of Ethics.

I will encourage good sportsmanship from teammates, coaches, officials, and parents at every game and practice.

I will do my best to listen and learn from my coaches.

I will treat my coaches with respect regardless of race, sex, creed, or abilities, and I will expect to be treated accordingly.

I deserve to have fun during my sports experience and will alert parents or coaches if it stops being FUN!

I deserve to play in an alcohol, tobacco, and drug-free environment and expect adults to respect that right. Personally, I will not use alcohol, tobacco, or drugs of any kind.

I will encourage my parents to be involved with my team in some capacity because it is important to me.

I will attend regularly and do my very best in school.

I will remember that participating in sports is an opportunity for me to learn and have fun.

If I participate in other sports leagues, I will not let it interfere with my RBI practices and games.

I have read and understand this document, and by signing, I agree to abide by the rules and Player Code of Ethics of the RBI Baseball Program.

Player Signature

Date

THE BOYS & GIRLS CLUBS OF GREATER KANSAS CITY RBI PARENT/GUARDIAN CODE OF ETHICS

I pledge to provide positive support, care, and encouragement for my child participating in the RBI Program by following this Code of Ethics.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, proactive, or other youth 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 a 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 program focuses on our youth and their development.

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, and will do so myself.

I will promise to help my child enjoy their youth sports experience and will assist by being a respectful fan, providing transportation and whatever I am capable of doing.

I will expect that all RBI Coaches will be trained in their responsibilities and agree to the Coaches' Code of Ethics.

I have read and understand this document and, by signing, I agree to abide by the rules and Parent/Guardian Code of Ethics of the RBI Baseball League.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

THE BOYS & GIRLS CLUBS OF GREATER KANSAS CITY PRE-PARTICIPATION PHYSICAL EVALUATION

Name: _____
Last First Initial

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Height: _____ Weight: _____ Grade: _____ Age: _____ M or F

Physician: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Information

Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Policy Number: _____

Subscriber's Name: _____

Emergency Information

In the event of an emergency when a parent or guardian cannot be reached, we will contact:

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Player Medical Information (List any medications taken regularly)

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Allergies: _____

Previous injuries and surgeries. Include date and area(s) involved: _____

Date of last tetanus booster: _____ Are all vaccinations current? Yes No

IMPORTANT – MUST BE COMPLETE TO PARTICIPATE IN RBI ACTIVITIES

Parent's Authorization: I hereby state, to the best of my knowledge, my answers to the following questions are accurate and correct. I hereby give my permission for a limited exam for sports participation to be performed on my child. I understand that if requested, further medical evaluation of my child may be necessary for my child to participate in the RBI program. I understand that the purpose of this exam is for determining eligibility to participate in sports only, not for the diagnosis or treatment of acute or chronic illness. I release my child's physical information to RBI for eligibility purposes.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

THE BOYS & GIRLS CLUBS OF GREATER KANSAS CITY HEALTH EXAMINATION INSURANCE FORM

Name: _____ Date of Birth _____

PHYSICAL EXAMINATION – To be filled out by medical personal only.

Height _____ Weight _____ Pulse _____ B.P. _____ / _____ Hct. Or Hgb. Test: _____ Urinalysis _____
 Vision – R 20/ _____ L 20/ _____ Corrected Yes No Pupils: Equal _____ Unequal _____

NORMAL

ABNORMAL FINDINGS

INITIALS

MEDICAL

Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Chest			
Lungs			
Abdomen			
Skin			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Foreman			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendation: _____

I have examined the person herein described and have reviewed the health history. It is my opinion that this player is physically able to engage in activities, except as noted above. This examination should be performed within 12 months of designated activities. Examinations for some other purpose within this period are acceptable. Examination is for determining fitness to engage in strenuous activities.

Print/Type Signature (print/type) _____ Date _____

Address _____ City _____ State _____

Phone _____ Fax _____

Signature _____, MD/DC/RN