



All-Out League

Teammates know no gangs!

Name _____ Age _____ Male/Female
 Home phone _____ Cell phone _____

1) Rate your abilities in soccer:

Not very good: _____ Decent: _____ Very good: _____

2) Rate your abilities in basketball:

Not very good: _____ Decent: _____ Very good: _____

3) Rate your overall athletic ability:

Not very good: _____ Decent: _____ Very good: _____

4) Which of the following gangs do you/have you ever belonged to?

ESL	_____	Sureños	_____
PBG	_____	STP	_____
Westsidiers	_____	BTS	_____
Norteños	_____	OMC, GTO, San Juan	_____
Other (please name) _____			

5) Which of the following gangs do you have most friends/acquaintances in?

ESL	_____	Sureños	_____
PBG	_____	STP	_____
Westsidiers	_____	BTS	_____
Norteños	_____	OMC, GTO, San Juan	_____
Other (please name) _____			

6) Ethnicity (please check one)

___ African American/Black	___ Asian/Pacific Islander	
___ Bi-racial/Mixed Race	___ Caucasian/White	
___ Latino/Hispanic	___ Native American	___ Other

7) Which is your strongest language?

_____ English _____ Spanish _____ Other

8) How did you hear about the All-Out League? _____

All-Out Oath

Teammates know no gangs!

- I understand that I cannot choose my teammates.
- I will play with whomever I am drafted onto a team with.
Even if I've fought with that person in the past.
Even if that person is from a gang I don't like.
Even if that person is not good at sports.
- I will play all season long, even if my team loses every game.
- I will play out each game until the final minute, even if my team has no chance of winning.
- I will follow the rules and expectations of the All-Out League.
- I understand that if I don't arrive by 3:40, I will do push-ups.
- I will return my jersey at the end of the season. If I lose my jersey I will pay \$20 for it.

YOUTH SIGNATURE

x _____ Date _____



Children and Youth Resources
 1050 Lashley Street, Longmont, CO 80501
 Phone: (303) 651-8580



All-Out League

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Application for the "All-Out" sports league

Information about the Youth (Please Print)

First Name: <input type="text"/>	Middle Name: <input type="text"/>	Last Name: <input type="text"/>
Name of Person Youth Athlete Lives With: <input type="text"/>	Home Phone Number: <input type="text"/>	Name of Emergency Contact: <input type="text"/>
Home Address <input type="text"/>	Emergency Phone: <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip code <input type="text"/>
		E-mail address <input type="text"/>

Youth Demographic

Gender: Birthdate: Age:

School: Grade:

Who does your child live with? (Please check one):

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only |
| <input type="checkbox"/> Foster Parents | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Step Dad | <input type="checkbox"/> Aunt/Uncle |
| <input type="checkbox"/> Step Mother | Other _____ | |

Information about the Parent/Guardian

Father's First Name: []	Father's Last Name: []	Father's Work Phone & Ext: []
Father's Employer: []	Father's Occupation: []	
Mother's First Name: []	Mother's Last Name: []	Mother's Work Phone & Ext: []
Mother's Employer: []	Mother's Occupation: []	
Guardian's First Name: []	Guardian's Last Name: []	Guardian's Work Phone & Ext: []
Guardian's Employer: []	Guardian's Occupation: []	

Medical/Emergency

Medical Problems/Allergies: []	Medications: []
Name of your Doctor: []	Doctor Phone: []
Insurance Company: []	Insurance Policy Number: []
	Can Member swim? <input type="checkbox"/> Yes <input type="checkbox"/> No

Pick up Information

Names of <u>two</u> Persons Authorized to pick up Athlete.	
1.) First Name: []	Last Name: []
2.) First Name: []	Last Name: []
Persons Not Authorized: []	[]

** ALL-OUT LEAGUE ATHLETES WILL MEET TWICE A WEEK WITH ADULTS AT THE YOUTH CENTER AND WALK AS A GROUP TO THE YMCA AT 950 LASHLEY ST. (303-776-0370). AFTER PLAYING, ALL ATHLETES WILL RETURN AS A GROUP ON FOOT TO THE YOUTH CENTER.*

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN PROGRAMS SPONSORED BY THE CITY OF LONGMONT

I understand that there are certain risks involved with participating in the City of Longmont activity identified above. On behalf of my minor child identified above, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from an incident which may occur to my minor child as a result of my minor child's participating in the City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the City of Longmont, its officers, agents, volunteers, assistants or employees.

Signature of Parent or Guardian _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION:

I furthermore give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for my child(ren) or the child(ren) over whom I have legal custody, each of whom is listed above. I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child(ren) listed above. If I cannot be reached, the City of Longmont will exercise reasonable judgment in seeking medical treatment for my child. The City of Longmont may contact the following health care provider for medical treatment or other health care providers if the health care provider listed below is not available.

Name of Physician or Health Care Provider

Name of Physician or Health Care Provider	
Address	Phone

PHOTOGRAPH RELEASE:

To more effectively promote programs and activities sponsored by the City of Longmont, the City of Longmont seeks the permission of program and activity participants to photograph their child(ren) participating in City of Longmont programs and activities. I permit the City of Longmont to take and use photographs of my child(ren) for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of my child(ren) for such purpose. I understand that such photographs of my child(ren) remain the property of the City of Longmont.

Signature of Parent or Guardian _____ Date _____

**Any further questions, contact Ben Ready at the Longmont Youth Center: 303-774-3755
ben.ready@ci.longmont.co.us 1050 Lashley St., 2nd Floor, Longmont, CO 80501**