



# PLAYER REGISTRATION AND CONTRACT

Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_

Player's Phone \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Player's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Jersey Size: Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

## ATHLETE'S CODE OF HONOR

I promise upon my word of honor that I will not take an unfair advantage of an opponent, that I will be courteous in word and demeanor to opponents, officials and spectators, that I will observe the rules of the game in spirit as well as in letter, and that I will constantly strive to uphold the ethics of amateur sports.

I further promise to faithfully follow and carry out to the best of my ability all SKYBALL rules; that I will play any position assigned to me and will do my very best for the team at all times; that I will play the game hard and cleanly at all times in a true sportsmanlike manner with never an intent to harm any opposing player; that I will abide by all the decisions of the game officials and will not make any unsportsmanlike gestures, foul language or "trash talk" at any time; that when my team is not playing that I will stay off the court being used, and I will not deface any property, building or equipment. I agree to keep in good condition any equipment provided for my use by SKYBALL.

I agree that I will, to the best of my ability, make all practices required by my coach; that I will put forth 100% effort at every practice and at every game; that I will support and encourage my teammates at all times; that I will play for my SKYBALL team and none other during the season (unless approved by my SKYBALL coach), and most importantly, I will strive to have fun while learning the skills of basketball.

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

## PARENT'S CONSENT

I, \_\_\_\_\_ the parent/guardian of the above-named player, hereby give my approval to his/her participation in the SKYBALL basketball program. I assume all risks and hazards incidental to such participation, including transportation to and from such activities; and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Salem-Keizer Youth Basketball, Inc., its Board of Directors, coaches, game officials, any qualified physician, EMT (Emergency Medical Technician), participants, and persons transporting my child. In executing the foregoing release, I understand that any injury that may arise out of participation in SKYBALL must be reported to the coach or team official as soon as I have knowledge that any injury did in fact occur. **The injury MUST BE REPORTED TO SKYBALL WITHIN 24 HOURS.** Your coach will notify the SKYBALL Board of Directors.

I acknowledge and represent that my child is in sound physical condition to be able to participate in basketball. My child has the following *medical conditions* that should be made known to the coach and game officials that may affect their ability to participate in competitive basketball: **Medical Conditions:** \_\_\_\_\_.

In the event of an injury to my child, I hereby grant the authority to any qualified physician or EMT to render such emergency medical treatment, as they deem necessary under the circumstances. I also grant permission to any responsible person to seek medical assistance in the event of an injury.

**Health Insurance Carrier:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

I understand Skyball's registration fee refund policy allows a full refund up to the time of the player's evaluation session, half after the evaluation session, and no refund after the first practice. A \$5 processing fee is charged for refunds. I agree to pay \$20.00 to replace a lost or damaged jersey.

I understand that siblings and player's friends that I may bring are not allowed to roam free at either the game site or practice facility, and that I will assume supervisory responsibility for the behavior of children I bring to either the practice or game facility. I understand that poor sportsmanship, obnoxious behavior, and negative remarks regarding the other team, any coach, or the officials will not be tolerated from parents/guardians or anyone under their supervision.

\_\_\_\_\_

Parent/Guardian Signature

Date

## VOLUNTEER OPPORTUNITIES

PLEASE MARK YOUR CHOICES WITH VOLUNTEER'S NAME

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Head Coach _____ | <input type="checkbox"/> Assistant Coach _____ | <input type="checkbox"/> Team Parent _____ |
| <input type="checkbox"/> Team Book _____  | <input type="checkbox"/> Run the Clock _____   | <input type="checkbox"/> Other _____       |

Registration Fee Received: \_\_\_\_\_ [\$85 Fee] plus \$10 Late Fee if paid after November 1<sup>st</sup>

Received By \_\_\_\_\_ Cash \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Scholarship Applicant \$ \_\_\_\_\_