

Defenders Basketball – 2019 Spring Season Checklist

- ☹ Registration Paperwork
- ☹ Copy of Birth Certificate
- ☹ Copy of Student ID
- ☹ Copy of Physical
- ☹ Copy of Report Card
- ☹ Spring Registration Fee
 - High School Boys - \$450
 - High School Girls - \$375
 - Middle School Boys - \$400
 - Middle School Girls - \$325
- ☹ NTBA Parent Waiver - Online
- ☹ USBA Parent Waiver
- ☹ NCAA Registration – Online (if necessary – only required if playing NCAA events)
- ☹ Uniform purchase (theirs to keep) - \$75 or \$85, depending on the team configuration.

Defenders Basketball
SPRING REGISTRATION FORM

PLAYER'S NAME _____

BIRTH DATE _____ AGE _____ GRADE _____

SCHOOL ATTENDING _____

HOME ADDRESS _____

HOME PHONE _____

PARENT/GUARDIAN NAME _____

PARENT HOME # _____ PARENT CELL # _____

PARENT EMAIL ADDRESS (IF ANY) _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

REGISTRATION FEE: **NON-REFUNDABLE** FEE TO BE PAID BY **MARCH 1, 2019**
REGISTRATION FEE COVERS PRACTICES AND TOURNAMENT FEES FOR TEAM TO
PLAY IN AND WILL NEED TO BE PAID BY THE DUE DATE. PAYMENT PLANS ARE
AVAILABLE UPON WRITTEN REQUEST AND APPROVED ONLY BY THE
ADMINISTRATION. IF REGISTRATION FEE IS NOT PAID BY THE AGREED UPON
DATE, PLAYER WILL NOT BE ALLOWED TO ATTEND ANY EVENT OR PRACTICE
UNTIL FEE IS SATISFIED.

DISCLAIMER

I will not hold the Defenders organization, sponsored organization, staff, or coaches responsible/liable for an injury resulting from my child's/ward's participation in the basketball program. I acknowledge that any injuries to my child/ward will be covered by my family insurance.

(Parent/Guardian Signature)

(Date Signed)

Defenders Basketball
WAIVER/RELEASE FORM

PLEASE READ BEFORE SIGNING

IN CONSIDERATION OF _____, (Name of Minor Child/Ward) my child/ward, being permitted to participate in any way in the Defenders basketball related events and activities, the undersigned acknowledges, appreciates and agrees that: The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist, and,

1. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both for known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE PARTICIPANTS, spectators or, administrators, others, and assume full responsibility for my child's participation; and
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention to the nearest official **IMMEDIATELY**; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY, RELEASE AND HOLD HARMLESS Defenders Sports; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL LIABILITIES INCIDENTS, INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my, or my child's/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(DATE SIGNED)

(PRINT NAME)

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Defenders Basketball
PLAYER'S RESPONSIBILITIES/AGREEMENT

PLEASE READ CAREFULLY

- I will be at practices/tournaments **ON TIME**
- I will call the coach as soon as possible if you will not be able to attend, or will be tardy to any practices/tournaments
- I will bring gym bag with proper attire to all practices/tournaments (uniform, basketball shoes, basketball shorts, etc)
- **I agree to give 100% at each practice/tournament ... work hard at ALL TIMES**
- **I understand that "Teamwork" is key and essential for the success of a team**
- **I will support my teammates at all times**
- I will listen while the coach is giving instructions
- I agree there are NO bouncing balls or talking while the coach is talking
- I agree there is NO horseplay or foul language allowed
- I will know my role and position assigned to me by the coaches
- I will know the game and team rules (study the game of basketball through reading, instructional videos, watching college and professional games).
- I will work on my weaknesses
- I will practice on my own as often as possible
- I will manage my time wisely (homework, meals, chores, rest, etc)
- I will study and review my school work
- I will be respectful to my family, school officials, and all persons associated with the Defenders organization
- I agree to participate 100% in any and all fund raising events, charity and sponsorship events to support the Defenders organization (and my team)
- I will maintain a 2.5 or higher GPA throughout the season
- I will perform the individual workouts provided by the coaching staff daily and commit to improving my skills.
- I will be respectful towards officials, coaches, parents and opponents understanding that character is the key to success of our program

NOTE: ALL PLAYERS ARE EXPECTED TO CONDUCT THEMSELVES IN A SPORTSMANLIKE MANNER. PLAYERS WILL NOT BE PERMITTED TO CONSULT OR QUESTION ANY OFFICIAL OVER JUDGEMENT CALLS OR RULES

(PLAYER'S SIGNATURE)

(DATE SIGNED)

****By signing this form, I acknowledge and agree to all terms listed above!**

Defenders Basketball
PARENT/GUARDIAN RESPONSIBILITY AGREEMENT

- I agree to pay all fees associated with the club ON TIME
- I will make sure that my child is at all practices/tournaments **on time**
- I agree to call the coach as soon as possible if my child is not able to attend, or will be tardy to practices/tournaments
- I will provide suitable transportation to/from practices and games
- I will ensure that my child has the proper attire for practices/tournaments (uniform, basketball shoes, basketball shorts, etc)
- I agree to attend all parent/coach meetings
- I will provide adequate nutrition and rest for my child
- I will provide all required documents to Defenders staff on time (physicals, waiver forms, registration forms, etc)
- I will make sure that my child is on task at school and communicate with the coach or staff representative if tutoring is necessary
- I agree to communicate any issues that my child has at home/school with the coach that may negatively impact play, attitude, etc
- I will provide an environment for the organization that is free from drug and alcohol use at all practices/tournaments
- I agree to participate 100% in all fund raising, charity events and sponsorship events
- I agree to conduct myself in a sportsmanlike manner, encouraging team play and teamwork at all events (practices, games, etc).

NOTE: Although family participation is encouraged at practices and games, there will be absolutely NO interruptions during instruction time. If this becomes an issue, coaches and/or any staff members can close practices to outside individuals for the remainder of the season.

NOTE: We STRONGLY encourage family participation in all of our events. We encourage supporting your athlete positively at all times and STRONGLY discourage any negative reinforcement during all events. If a staff member, coach or director has identified overly offensive or negative reinforcement before, after or during events, the organization reserves the right to remove any person from the event and will request a conference immediately.

(PARENT/GUARDIAN SIGNATURE)

(DATE SIGNED)

**** By signing this form, I acknowledge and agree to all terms listed above**

Defenders Basketball
EMERGENCY MEDICAL/CONTACT INFORMATION

PLAYER'S NAME _____

BIRTHDATE _____ AGE _____

HOME ADDRESS _____

HOME PHONE _____

PARENT/GUARDIAN NAME _____

PARENT WORK # _____ PARENT CELL _____

Is your child allergic to any medications? Y N

Is there any medical condition that we need to be concerned about? Y N

If yes, please explain below:

Are there any medications you prefer to be administered to your child in case of an emergency?
Y N

If yes, please explain below:

Physician's Name _____

Physician's Phone _____

Insurance Provider _____ Group Number _____

Person to notify in case of emergency

Name _____ Phone Number _____

**** Please provide a copy of physical to the organization.**

This information will be made available to emergency personnel if needed.

Defenders Basketball
PHOTO/VIDEO RELEASE FORM

I do hereby grant Carolina Defenders Organization the unlimited right to use and/or reproduce photographs, likenesses, or the voice of my child in any legal manner and for the internal or external promotional and informational activities of the Carolina Defenders. I also agree to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of the Carolina Defenders in which they are involved. I also agree to have my child's voice and/or photograph to be published on the Carolina Defenders website. I further understand that by signing this release, I waive and all present and/or future compensation rights to the use of the above stated material(s).

(PARENT/GUARDIAN SIGNATURE)

(DATE SIGNED)

***By signing this form, I acknowledge and agree to all terms listed above**



RELEASE, COVENANT NOT TO SUE, AND ASSUMPTION OF RISK – MINOR PARTICIPANT

Name of Minor Participant: _____

Birthday: ____/____/____

This waiver covers my minor child or ward's participation in all United States Basketball Association events in which he or she participates.

- I hereby acknowledge that I am fully aware that there are risks inherent in his or her participation in and preparation for such events, and on my child or ward's behalf I willingly and voluntarily assume such risks. These risks may include, but are not limited to, bruises, cuts, sprains, muscle strains, hernia, broken bones, heat exhaustion, hypothermia, concussion, drowning, insect bites, exposure to toxic substances, exposure to criminal activity, injuries caused by wild animals, and death.
- I have made myself aware of the physical requirements necessary for participation in such events, and I certify that my child or ward possesses all of the necessary physical abilities, experience, training, and knowledge.
- I am aware that the United States Basketball Association does not warrant the condition or adequacy of any equipment or premises. I am further aware that the United States Basketball Association does not warrant the adequacy or competency of any trip leader, vehicle driver, trainer, or other personnel.
- I agree that the privilege of my child or ward participating in such events is a valuable opportunity, and in partial consideration of that opportunity, on my own behalf and on behalf of my child or ward I hereby forever release and discharge from liability of any kind arising out of his or her participation in, preparation for, or travel associated with such events, the United States Basketball Association, and all of their employees, officers, members, agents, volunteers, and contractors. As a part of the consideration for my child or ward's participation in such events, I hereby covenant not to sue any of the above-named released parties.
- I am over the age of 18, and I am fully capable of reading and understanding this document. I understand that I will be provided with a copy of it upon request.

(Signature of parent/guardian)

(DATE SIGNED)

(Print name **CLEARLY**)

Defenders Basketball
ADDITIONAL WAIVERS

- € NTBA: <http://playntba.com/parent-waiver>
- € AAU: To be done after registration fees paid by staff. Good for 1 year
- € NCAA: Instructions will be given by coaching staff. This is not going to be required unless playing in NCAA events.