

YOUTH BASKETBALL

*****PLEASE PRINT CLEARLY*****

NAME OF PLAYER _____

NOMBRE DEL PARTICIPANTE _____

ADDRESS _____ CITY _____

DOMICILO _____ CIUDAD _____

PHONE (HOME) _____ PHONE (Work or cell) _____

TELEFONO(CASA) _____ TELEFONO(trabajo or cell) _____

E-Mail Address _____ D.O.B. _____

AGE _____ SEX: CIRCLE F OR M GRADE _____

EDAD _____ SEXO:CIRCULE NINO o NINA

MAKE SURE YOU CHOOSE THE CORRECT SHIRT SIZE FOR YOUR CHILD!

SHIRT SIZE : CIRCLE YOUTH S M L XL HT.

ADULT S M L XL XXL

TAMANO: CIRCULE ARRIBA

SCHOOL _____ BASKETBALL EXPERIENCE: _____ YEARS

ESCUELA _____ EXPERIENCA CON BASKETBALL ___ANDS

BROTHER OR SISTER PLAYING IN THE SAME LEAGUE _____

HERMANO o HERMANA JUGANDO EN LA MISMA LIGA _____

WAIVER FORM & MEDICAL RELEASE

As the parent/legal guardian of _____ I consent to my child's treatment by any and all medical procedures deemed necessary as a result of accident or injury. These actions may include, without limitation:

1. Attempting to contact a parent/legal guardian at the locations indicated on this card.
 2. Attempting to contact a parent/legal guardian via any of the alternate persons indicated on this card.
 3. Obtaining emergency medical assistance including, without limitation, transportation via ambulance to a hospital upon recommendation by emergency personnel.
- Should this become necessary, I authorize any physician and medical staff at a licensed hospital to provide necessary medical treatment to my child until I am notified. I understand this authorization is given in advance of any required treatment.

As parent/guardian, I agree to pay any and all costs incident to my child's medical treatment.

In consideration of the City of Santa Paula, its elected and appointed officials, agents, volunteers, and employees (collectively "City") from all liability to me and my child for any loss or damage, including, without limitation, my child's injury or accidental death. I will indemnify and hold City harmless from and against all claims arising from my child's participation in Recreation Program. I will pay all costs incident to any claim, including, without limitation, attorneys' fees. I expressly agree that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of California.

NAME OF PARENT OR GUARDIAN (PRINT)

RELATIONSHIP TO CHILD

SIGNATURE

DATE

EMERGENCY CONTACT NAME

PHONE

YOUTH SPORTS PARENTS CODE OF CONDUCT IS ON THE REVERSE SIDE

YOUTH SPORTS PARENTS' CODE OF CONDUCT

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game and practice.
- I will maintain a "fun is No 1" attitude.
- I will treat officials, coaches, my child(ren), their teammates, and their opponents with respect and avoid ridicule or sarcasm.
- I will praise my child(ren), their teammates, and opponents just for participating, regardless of their athletic skills.
- I will remember to look for positives with my child(ren), their teammates, and their opponents.
- I will remain calm when my child(ren); or their teammates make a mistake, and help them learn from their mistakes.
- I will remind my child(ren), and their teammates not to get down on themselves when things do not go well.
- I will try not to take myself too seriously when it comes to my involvement in youth sports, reminding myself that youth sports are for children, not adults.
- I will remind myself and my child(ren) to laugh and keep a sense of humor.
- I will emphasize teamwork in team sports with my child(ren), teaching them to think "we" instead of "me".
- I will teach my child(ren) by giving them a good example of sportsmanship.

Winning without gloating

Losing without complaining

It is imperative that parents conduct themselves in a proper manner. Use of profanity, verbal or physical harassment towards officials, staff, coaches, or players, will not be permitted. I understand that failure to abide by the above code of conduct may result in parents being asked to leave the premises, and possibly from attendance at future games.

Parent's Signature _____ Date _____

NAME

**YOUTH BASKETBALL TRY- OUTS
(RATING SCALE 1 TO 5)
5 SUPERIOR 1=BEGINNER**

POSITION

SHOOTING (11VIIN.)	DRIBBLING & PASSING	3 ON 3 BASKETBALL
SHOTS MADE		DEFENSE
SHOOTING FORM	DRIBBLE SKILL	JUMPING ABILITY
REBOUNDING	PASSING SKILL	COURT AWARENESS
COMMENTS:		TOTAL SCORE