

CHESTERFIELD BASKETBALL LEAGUE
APPLICATION TO PLAY BASKETBALL

APPLICANTS NAME: _____ DATE OF BIRTH: _____
STREET ADDRESS: _____ PHONE NUMBER: _____
CITY AND STATE : _____ ZIP CODE: _____
ELEMENTARY SCHOOL BOUNDARY: _____ ASSOCIATION: _____
SCHOOL ATTENDED: _____ GRADE: _____

I/We, the parents or legal guardians for the above candidate for a position on a Chesterfield Basketball League team, hereby give My/Our approval to his/her participation in any and all league activities

I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Basketball League, Inc., the organizers, sponsors, supervisors, participants and person transporting My/Our son or daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return all uniforms and other equipment issued to My/Our son or daughter in as good condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate or other proof of birth of the above named candidate at this or initial sign in.

I/We understand that My/Our son or daughter is an ineligible player if he/she is named on any roster of any official school basketball team, whether public, private or parochial, during the current school year.

Is this candidate covered by Health Insurance? _____ YES _____ NO .

Name of insurance company: _____

Parent/Guardian Signature: _____ Date: _____

FREE AGENT NOT REQUIRING RELEASE

The above named participant qualifies as a free agent without release from _____ association to play for _____ association because his/her parent was a _____ for _____ association the previous year of _____ and is a _____ for the current year.

FREE AGENT REQUIRING RELEASE

The above player is hereby released from _____ association to play for _____ association in the _____ division.
REASON FOR RELEASE: _____
AUTHORIZED BY: _____ (Home Association Voting Rep or President)

APPROVED BY: _____ Date: _____
League Official

PLACE
BIRTH CERTIFICATE STICKER
IN THIS SPACE

Crenshaw Basketball Registration Form
<http://www.crenshawathletics.org/>



Player Name: _____ Date of Birth: _____

Home Phone: _____ Division (check one):

- Rookie (7-8) Minor (11U) Junior (15U)
 Cub (9U) Nets (12U) Senior (18U)
 Bear (10U) Intermediate (13U)

Street Address: _____ City: _____ Zip: _____

Parent's Name: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Legal Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Food Allergies: No Yes; If Yes, please list _____

I would like to help with: Coaching Assistant Coaching Team Mom Special Events

UNIFORM INFORMATION

Youth Sizes

Adult Sizes

- Shirt: YM
 YL
 YXL

- Shirt: Small
 Medium
 Large
 X-Large

NUMBER PREFERENCE

1ST: _____ 2nd: _____ 3rd: _____

Select up to 3 numbers 1-55

PERSONALIZATION

Last Name on Jersey: _____

- | | | | |
|--------|---------------------------------|---------|---------------------------------|
| Shorts | <input type="checkbox"/> Small | Shorts: | <input type="checkbox"/> Small |
| : | <input type="checkbox"/> Medium | | <input type="checkbox"/> Medium |
| | <input type="checkbox"/> Large | | <input type="checkbox"/> Large |
| | | | <input type="checkbox"/> Small |

I _____ the parent(s)/guardian of _____ consent to having my child's photograph taken and used on the Crenshaw website: <http://www.crenshawathletics.org/>

Parent/Guardian Signature: _____

Date: _____

CONFIDENTIAL



Authorization for Medical Care of a Minor

I, _____ the undersigned parent/legal guardian of _____, do hereby authorize Crenshaw Athletic Association, To Consent to any x-ray examination, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations, I will not be able to knowledgeably evaluate and choose among the available alternative treatment(s) or procedure(s), if an, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Info:

Name _____ Relationship _____
Address _____ City _____
Home Telephone # _____ Cell # _____
Work Telephone # _____

Name _____ Relationship _____
Address _____ City _____
Home Telephone # _____ Cell # _____
Work Telephone # _____

Medical Contact Info:

Doctor Name. _____ Phone # _____
Blood Type _____ Medical Allergies _____
Date of Minor's Last Tetanus Shot: _____ Hospital Preference: _____
Medical Condition _____ Current Medications _____

- I have voluntarily provided the above contact information and authorize Crenshaw Athletic Association and its representatives to contact any of the above on my behalf in the event of an emergency.
- I choose not to furnish any emergency contact information to Crenshaw Athletic Association at this time.

Parent/Guardian Signature: _____ Date _____

Crenshaw Athletic Association
Athlete Code of Conduct



My goal is to become the best player I can be. Only I am responsible for my behavior and work ethic. I am fully committed to the Crenshaw Athletic Association and therefore I will:

- Conduct myself in a manner to bring credit and prestige to myself and the program;
- Focus on my schoolwork first and athletics second;
- Attend every possible practice, game and team function. If I am unable to attend, I will personally notify my coach;
- Be ready for practices and games ON TIME;
- Communicate, both on and off the field, with my teammates and coaches for mutual understanding;
- Discipline my body, including adequate sleep, a healthy diet and ABSTAIN from alcohol, tobacco and illegal drugs;
- Learn from my mistakes and never make excuses or blame others;
- Accept all coaching comments and assignments only as ways in which the team and I might improve;
- Ignore errors of my teammates, as I believe no one is trying to make a mistake;
- Support the full effort and good skills my teammates exhibit;
- Respect the decisions of the coaches, officials and adults who are there to provide good experience for me;
- Realize that a team is made up of individuals and everyone has a role. I will accept my role on the team and do whatever it takes to be the best I can be.

I pledge not to use profane language or to be physically, verbally or otherwise abusive toward any official or referee no matter the reason. Penalties for doing so, and embarrassing both myself and the CAA program, are understood to be an immediate removal from the current sport venue and suspension from the next game (1st Offense), and removal of my entire family from CAA for the remainder of that sport season (2nd Offense). Abuse of any type directed at an athlete shall result in immediate suspension pending a hearing before the CAA Executive Board.

Any athlete found in possession of alcohol, tobacco, illegal drugs or engaged in inappropriate or unlawful behavior will be immediately suspended from the program and be released to the custody of their parent(s)

Player Signature: _____

Date _____

Parent/Guardian Signature: _____

Date _____

Crenshaw Athletic Association
Parent Code of Conduct



I have given permission for my child to participate in Crenshaw Athletics. We have discussed the risks, commitments, and sacrifices involved and are committed to the success of the program. I understand and accept the obligations of participating, with the following in mind:

- I pledge to encourage good sportsmanship by demonstrating **positive** support for all participants, coaches, officials and any CAA event either home or away;
- I will treat all participants (players, coaches, officials/referees, spectators) with the same respect that I would want for my child;
- I pledge not to use abusive or profane language or be physically abusive toward an official or referee and understand that the penalty for doing so will be immediate removal from the game venue (1st Offense), suspension **for me and my child** from the next game (2nd Offense), or suspension **for entire family** from the CAA program for the remainder of that sport season (3rd Offense);
- I will remember that CAA is for the athletes and not for the adult. I will not use the coaches as a babysitting service and will supervise any children I bring to the field for practices, games or events;
- I will conduct myself in ways that reflect positively on CAA and bring credit to our program;
- I understand that the coaches will place and play my child as they deem best for both the team and my child's ability. I will accept and not interfere with their decisions;
- I will respect my child's coaches and do my best to have my child at all practices, games, and activities on time. I will recognize the importance of volunteer coaches to the success of the program and the growth of my child and will support them as best I can;
- I will support our team, and all those who volunteer to run the CAA programs, as they strive to give my child a positive experience. I will volunteer when I can and understand that I will be asked to participate in activities such as providing occasional snacks/drinks or assist in fundraising efforts such as working the concession stand at games.

I give my permission to the Crenshaw Athletic Association to use my child's pictures or likeness which may be taken at any activity or event for use in advertising, promotional materials, website displays, or publications.

I understand that the CAA will use email to contact me regarding practice or game changes, helpful information, and team updates in general. I can be reached at the following email address(s):

Email Address: _____ registered under the name of _____

Email Address: _____ registered under the name of _____

Email Address: _____ registered under the name of _____

Child's Name _____ Sport: _____

Parent/Guardian Signature: _____ Date _____

CHESTERFIELD COUNTY PARKS AND RECREATION CODE OF CONDUCT PROCEDURES

Although the County supports the various sports leagues in many ways, the County cannot assist cosponsoring leagues in enforcing their own internal issues. Each league organizes itself in different ways with a wide range of regulations and enforcement mechanisms. If volunteers, participants, or parents violate internal League rules then each league organization should take appropriate action within its guidelines. However, the county does enforce standards of behavior at county facilities and can prohibit individuals from using county facilities. An individual may be banned from a county facility if:

1. A person engages in any behavior at a county facility which would constitute a crime (e.g. assault or consuming alcoholic beverage) or;
2. A person engages in behavior, which disrupts the use of a county facility for family recreational and sports activity (e.g. sexually harassing behavior, public profanity, or physically disrupting a sporting event).

If the Director of Parks and Recreation receives a complaint of such inappropriate behavior at a county facility, he will investigate the matter and, if necessary, send a letter to the offending person indicating that they are no longer allowed in county facilities. If that person then enters a county facility, a police officer can be called who will ask the person to leave. If the person does not leave, he can be charged with trespassing.

PROCEDURES

If a cosponsored organization has a problem that demands immediate attention, they should call the night or weekend rover who will assist with solving the problem. If the problem cannot be solved by the Parks and Recreation staff, county police will be asked to resolve the conflict.

If, after the conflict has been resolved, the league or association feels that this issue needs additional attention, the organization should submit in writing to the Director of Parks and Recreation a request to have the situation reviewed.

A committee consisting of one PRAC member and two Parks and Recreation staff members will meet as soon as possible to discuss the issue and report back to the league or association.

In order to best handle these requests and to help better assist organization with these issues, the implementation by leagues and associations of the Parks and Recreation Code of Conduct will enable committee members to better help solve problems.

CHESTERFIELD COUNTY PARKS AND RECREATION PARENTS CODE OF CONDUCT

The Chesterfield County Parks and Recreation Advisory Commission has adopted the following code of conduct as a result of its concerns for good sportsmanship in cosponsored youth activities. Youth sports can be used as an opportunity for young people to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants. By participating in Chesterfield County Youth Sports Programs, all parties must abide by the Code of Conduct. Violations may result in the loss of privileges at county facilities.

- I (and my guests) will be a positive role model for my children and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice, or sporting event.
- I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.
- I will respect the officials and their authority. I will refrain from questioning, discussing, or confronting coaches during the game, and will take time to speak with the officials or coaches at an agreed upon time and place.
- I will remember that children participate to have fun and that the game is for the youths, not the adults.
- I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.
- I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.
- I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

I have read and understand the code of conduct and consent to abide by all listed terms.

Signature: _____

Date: _____

Crenshaw Basketball Registration Checklist



Player Name: _____ Date of Birth: _____

Home Phone: _____ Division (check one):

- | | | |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Rookie (7-8) | <input type="checkbox"/> Minor (11U) | <input type="checkbox"/> Junior (15U) |
| <input type="checkbox"/> Cub (9U) | <input type="checkbox"/> Nets (12U) | <input type="checkbox"/> Senior (18U) |
| <input type="checkbox"/> Bear (10U) | <input type="checkbox"/> Intermediate (13U) | |

I, _____ the parent/legal guardian of _____, do hereby understand the following:

- Player may be benched for non/late registration payment.
- No refunds for registration will be issued after December 10, 2018

Parent/Guardian Signature: _____

Date: _____

Board Use Only

<u>Initials</u>	
	CBL Registration Form
	CAA Registration Form
	CAA Medical Form
	CAA Athlete Conduct Form
	CAA Parent Conduct Form
	Chesterfield Parks and Rec Conduct Form
	Birth Certificate
	CAA Basketball Registration Fee: \$110 _____ Check _____ Cash _____ PayPal _____
	CAA Basketball Registration Fee (Payments): 1 st Payment \$_____ Check _____ Cash _____
	2 nd Payment \$_____ Check _____ Cash _____
	3 rd Payment \$_____ Check _____ Cash _____
	4 th Payment \$_____ Check _____ Cash _____
	CAA Basketball Uniform Fee: \$60 (MUST BE PAID IN FULL AT REGISTRATION)
	Jersey Size: _____ Pants Size: _____
	Jersey Number: _____ Name on Jersey: _____