

2012 Winter Basketball Registration Form



Please fill out form with COMPLETE information and write clearly:

Child's Full Name: _____

(As it appears on Birth Certificate)

Age Now: ___ Date of Birth: _

Address: _____
(Street Address) (City, State) (Zip)

Parent or Guardian: _____

Phone: _____ Emergency Contact: _____

School Child is currently attending: _____

Has your Child ever participated in organized basketball before? Yes _____ No _____
Please circle which team applies to your Child (ages are based on age of Child on / before January 1, 2012):

Male Female 8 to 10 11 to 12 13 to 15

Shirt Size: YS YM YL AS AM AL AXL

Cost per participant is \$55.00. December 4th is the last date to register NO EXCEPTIONS. ALL FEES MUST BE PAID WITH REGISTRATION FORM. \$1.00 charge at gym door per person ages 6 to adult. No charge for players and coaches. All teams will have to travel to play games with other counties if we cannot get enough local teams.

For league use only: Amt received: \$ _____ Date received: _____
Payment method: Cash Check # _____ Phone number on check?

Received by: _____

PARENTAL AUTHORIZATION AND MEDICAL RELEASE

I, parent or guardian, of the child whose name is listed on the same line with my signature below, hereby give approval for his/her participation in Buckingham County Youth League activities. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless the Buckingham County Youth League, the organizers, sponsors, supervisors, participants and person transporting the child to and from activities, for any claim arising out of injury to the child, except to the extent of the amount covered by accident covered by accident and/or liability insurance held by the local league.

I also grant permission to managing and/or coaching personnel, or other league representative or officials to authorize and obtain medical care and treatment to authorized and obtain medical care and treatment from any licensed physician, hospital, or medical clinic including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment. I understand that I will be notified as soon as possible if any such accident should occur.

_____	_____
Child's Full Name - Printed	Parent / Guardian Name – Printed
_____	_____
Insurance Policy Holder Name	Insurance Carrier Name
_____	_____
Street Address	Policy Number
_____	_____
City, State, Zip	Phone Number

Additional Information in case you cannot be contacted:

_____	_____
Name	Phone Number
_____	_____
Street Address	City, State, Zip

List All Allergies Your Child May Have: _____

Parent / Guardian Signature: _____

**Buckingham County Youth League
Release of Liability for Minor Participants
Read Before Signing**

IN CONSIDERATION OF _____ (Name of Minor Child/Ward), my child/ward, being allowed to participate in anyway in the Buckingham County Youth League 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 known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or 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 of 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 RELEASE AND HOLD HARMLESS Buckingham County Youth League; it's 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 ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY IDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, 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

Parent / Guardian Printed Name

BUCKINGHAM COUNTY YOUTH LEAGUE POLICIES AND PROCEDURES MANUAL

Board of Directors

Duties, Responsibilities, and Expectations:

All board members are required to work to support ALL functions of the Buckingham County Youth League.

All board members are required to attend the monthly meetings, unless excused for a valid reason.

After 3 missed meetings, without a valid excuse, the name of that board member will be brought before the entire board to discuss dismissal.

All board members are responsible for their individual assigned duties, including but not limited to; concession stand, clean-up details, registrations and other activities as they may occur. Two weeks notice will be given prior to any assigned duty.

Every board member shall serve as a role model at all times during his/her annual term. Conduct should be absolutely professional.

Each board member is required to work as part of an effective board, keeping the best interest of the children of Buckingham County primary in all decisions concerning the BCYL. This includes support of each member of the board and the willingness to put personal differences aside for the good of BCYL.

Failure to comply with any of the policies could result in dismissal from the board by a 2/3 vote of the directors.

All meetings are to be conducted according to Robert's Rules of Order.

Coaches:

All coaches are expected to teach the fundamental of his/her respective sport. All coaches will teach sportsmanship.

All coaches will fill out an application to be eligible to coach for the Buckingham County Youth League.

All applications must be given to the commissioner/director of the sport for which you wish to coach. The

Commissioner and coaches committee will approve ALL coaches, the Board of Directors decisions will be final.

All coaches are required to forward any and all fundraising information from the board of directors to the parents.

The coach will be the contact person from parents to the board. All coaches will conduct themselves as a

professional at all times. There will be no vulgar language accepted at any time from ANY coach.

There will be no abusive treatment accepted at any time from ANY coach. This includes verbal and physical treatment.

Failure to comply with ALL the above requirements could result in dismissal from coaching duties by a unanimous vote of the board.

Parents:

All parents and guardians are expected to conduct themselves with good and proper behavior at all BCYL functions. There will be no vulgar language accepted.

Failure to adhere to proper adult behavior will result in removal from BCYL functions.

Participation in fundraising activities is expected.

No child shall be left unattended at any BCYL function that is not participating in the BCYL function.

All athletes shall be picked up promptly (within 15 minutes) after each activity.

Any Parent having a problem with a coach should bring it directly to the attention of the commissioner/director of the sport, and then it shall be brought to BCYL Board of Directors. The commissioner/director should bring the problem before the board. All board decisions are final.

A \$15.00 service fee will be charged for each returned check

Athletes:

Good behavior and respect for all coaches, teammates, and others are expected at all times.

Each athlete is expected to display good sportsmanship on and off the field.

If an athlete is suspended from school he/she will be suspended from participating in any BCYL functions until the school suspension is over.

Participation in games is under the coaches' discretion based on behavior, attitude, and attendance.

Parent/Guardian Initials: _____