

TC Basketball, Inc. Registration & Waiver Form

Player Name: _____ Circle One: Male / Female

Address: _____ Date of Birth _____

City, State, Zip: _____ Current Age: _____

School: _____

Shirt Size {Circle One}: YM YL AS AM AL XL 2XL 3XL 4XL

Parent/Guardian Name: _____

Cell Phone: _____ Home Phone: _____

Email: _____

2nd Contact Name: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Registration Fee: \$175.00 {Payable to TC Basketball, Inc}

REGISTRATION FEE REFUND POLICY

TC Basketball, Inc. recognizes that, from time to time, players may need to withdraw from a sport due to unforeseen circumstances. Registration fees are based on a variety of costs determined by the total number of teams and number of players registered on each team. Because many of these costs must be paid in advance, player withdrawals still result in a cost to TCBI.

As such, we have adopted the following policy for refunds to accommodate people whose plans have changed while maintaining the financial responsibilities associated with the season:

THERE IS A \$25 PROCESSING FEE DEDUCTED FROM ALL REFUNDS

DATE	REFUND
AFTER BEING PLACED ON A ROSTER	50% Less \$25 Processing Fee
ISSUES WITH TEAM SELECTION , PRACTICE LOCATION, NIGHT OR TIME	NO REFUND
AFTER 1 st Practice	NO REFUND

TC Basketball, Inc.

Parent/Guardian Code of Conduct Agreement

It is the goal of our youth basketball program to represent the Treasure Coast with pride, honor, and dignity by always displaying good sportsmanship and respect towards our opponents, coaches, players, and parents. In support of this goal, all parents of student athletes involved with TC Basketball, Inc. are required abide to a code of conduct at any TCBI league/conference functions, including all games, and practices or events where student athletes are present by following this code of conduct:

I hereby pledge to provide a positive support, care and encouragement for children participating in all TCB events.

_____ initial here

I will refrain from coaching my child or other players during games and practices unless I am one of the official coaches of the team.

_____ initial here

I will not question or confront coaches during the game or immediately after the game about concerns I may have about game-time decisions related to my child; I will wait a reasonable amount of time before contacting a coach to discuss such concerns.

_____ initial here

I will be respectful of the program and will not use abusive or profane language or gestures nor induce physical violence towards any official, player, coach, parent, or board member at any time.

_____ initial here

I will respect the officials and their authority during games and will not protest a game official's decision in an aggressive manner. I will encourage my child to do the same. I will not run out on the court if my player is injured as the officials will determine when the game stops and any injured player can be attended to. Only then will the coach be asked to come to the player. For official rules see the officials' handbook NFHS Basketball Rules 2016-17, section 8 of page 45.

_____ initial here

If a parent becomes verbally abusive to team players or officials, a technical foul will be assessed to the coach of that respective team.

_____ initial here

That parent and PLAYER will be asked to leave the gymnasium.

_____ initial here

If a parent is ejected for any of these items mentioned above, you will be suspended from the gym for the remainder of the season.

_____ initial here

Anyone threatening a coach, player, official, spectators or league directors will be banned from the gym for 1 year.

_____ initial here

If a second violation occurs parent will be banned for life.

_____ initial here

An adult will be present with your player for all practices and games.

_____ initial here

I will support a sports environment that is free from alcohol, tobacco, and illegal substances and I will refrain from their use at TCBI events.

_____ initial here

I will not criticize my child's teammates or coaches at any time, whether to my child or to others, and will always treat my child's teammates and coaches with respect and encouragement.

_____ initial here

I will not text in a group or separately my opinions, complaints or strategies. I will ONLY respond with attendance for scheduled practices.

_____ initial here

I will do my share of parental tasks that may be required for my child's team (e.g., keeping the scorebook and clock).

initial here

I understand there is no guarantee that any requests such as or unlimited to the following may be accommodated: Requesting a particular coach, playing on a team with a friend, practicing at any specific location and/or gym, practice day/night or time, game location and/or time of games.

initial here

I have read the league rules, including draft procedure, playing time etc. and understand the League Director reserves the right to edit or change rules or explanation of rules at any time.

initial here

I have read, understand, and will abide by the Parent Code of Conduct. I understand that if I break or ignore the rules as outlined above, I may be subject to disciplinary action up to and including expulsion from TCBI events and notification to the police department. This contract is valid for 1 {one} calendar year.

Parent signature (Print Name)

2nd Parent / Guardian: (Print Name)

Release and Waiver of Liability

I/we, the parents or guardians of the above named applicant, approve my child/children's participation in all activities of the TC Basketball, Inc. {TCBI} program for which he or she is registering including league play, camps and/or training and special events.

Assumption of Risks: I understand that participation in sports activities may result in injuries, including, in rare cases, serious injury or death. Knowing this, I, on behalf of myself and my child/children, assume all risks and hazards incidental to such participation, including transportation to and from the activities.

Release: I do hereby waive, release, absolve, indemnify, discharge, covenant not to sue and agree to hold harmless TCBI, the organizers, directors, officers, officials, supervisors, coaches, referees, School Board of Martin County, Martin County Board of County Commissioners, Palm City Presbyterian Church, Redeemer Lutheran Church & School, The Pine School, The Boys and Girls Club of Martin County, volunteers, or other participants from any claims arising out of injury to myself and my child incidental to such participation.

Authorization for Emergency Treatment: I further approve that in my absence, designated league officers, and/or team coaches, shall have authority to take action as deemed necessary to provide or render immediate medical attention to the above-named applicant{s}, due to sudden illness or injury incidental to or occurring during the applicant's participation, including giving consent to medical care for the above applicant{s}.

No Insurance: I understand that TCBI is not required to provide medical insurance and accident insurance for participants in its programs. School districts, owners of any facilities used do not provide nor are they responsible to provide any type of personal health or accident insurance protection for students who participate in TCBI activities. That responsibility rests with the families {Parents/Guardians} of the participant. Parents/Guardians are required to agree to assume financial responsibility for medical by affixing their signature below.

Safety: I understand that spectators and/or children who are not directly participating in a scheduled TCBI event, must: 1} Stay off the court at all times. 2} Do not play in the halls, restrooms, lounges, cafeterias, kitchens or common areas. 3} Walk, not run in facilities, gyms or parking lots used by TCBI. 4} No unregistered player is permitted to participate in a practice. I understand that these rules are for everyone's safety and are prerequisites to TCBI to use all facilities mentioned above.

Consent for Photo Release: I hereby grant TCBI permission to take, or have taken, still and moving photographs and films, including television pictures, of my child/children and consent and authorize TCBI, news media and any other persons interested in TCBI to use and reproduce such photographs, films or pictures, and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical materials.

Any attempted modification of this waiver, release and authorization for treatment is ineffective and upon discovery, will preclude the above applicant from participating in TCBI programs.

Parent/Guardian: {Print Name}

2nd Parent/Guardian: {Print Name}

INFORMED CONSENT ABOUT CONCUSSIONS OR HEAD INJURIES:

Effective July 1, 2012, Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and/or click check box and return an informed consent that explains the nature and risk of concussion and head injury (including the risk of continuing to play after a concussion or head injury) each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The facts:

A concussion is a brain injury

All concussions are serious

Concussions can occur without loss of consciousness

Concussions can occur in any sport

Recognition and proper management of concussion when they first occur can help prevent further injury or even death

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head
2. Any change in the athlete's behavior, thinking, or physical functioning
3. Signs or symptoms of concussion that may be reported by a coach or other observer:
 - a. Appears dazed or stunned
 - b. Is confused about assignment or position
 - c. Forgets sports plays
 - d. Unsure of game, score or opponent
 - e. Moves clumsily
 - f. Answers questions slowly
 - g. Loses consciousness (even briefly)
 - h. Can't recall events prior to hit or fall

4. Signs and symptoms that may be reported by the player:

- a. Headache or pressure in the head
- b. Nausea or vomiting
- c. Balance problems or dizziness
- d. Double or blurry vision
- e. Sensitivity to light
- f. Sensitivity to noise
- g. Feeling sluggish, hazy, foggy, or groggy
- h. Concentration or memory problems
- i. Confusion
- j. Does not feel right

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training. Copy & paste to web browser <https://www.youtube.com/watch?v=AnYNfj-NZqo>

Under Florida law, this player who has suspected concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physician's assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or health care professional trained in the management on concussions.

As a parent or guardian, I have read and understand this consent form and have viewed the video (Link provided)

Parent/Guardian Name (Print):

Parent/Guardian (Signature):

_____ Date: _____