



LITTLE CHIEFS YOUTH BASKETBALL CLUB 2019–2020 Registration

Contents and Directions

Registration Form (pages 2 and 3)

Please fill out both pages completely including the waiver and release form on page 3.

Code of Conduct (pages 4 and 5)

Please read the code of conduct and sign page 5.

Concussion Form (page 6)

Please complete the concussion form.

*Questions or Concerns? Contact Michael Dowden via email at mddowden@bigfoot.k12.wi.us
or via phone at 262-325-4533.*



LITTLE CHIEFS YOUTH BASKETBALL CLUB 2019-2020 Registration

PLEASE PRINT CLEARLY

PLAYER INFORMATION

LAST NAME, FIRST NAME MIDDLE INITIAL

STREET ADDRESS

CITY, STATE ZIP CODE

()
HOME PHONE

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

GENDER
 Male Female

____/____/____
BIRTH DATE

GRADE
 4 5 6 7 8

SCHOOL
 Fontana Sharon _____
 Reek Walworth

T-SHIRT SIZE
 YS YM YL
 AS AM AL AXL

PARENT/GUARDIAN INFORMATION

HEAD OF HOUSEHOLD

LAST NAME, FIRST NAME MIDDLE INITIAL

OCCUPATION

()
DAYTIME PHONE

()
ALTERNATE PHONE

RELATIONSHIP
 Father Mother
 Guardian

EMAIL ADDRESS

ADDITIONAL PARENT/GUARDIAN

LAST NAME, FIRST NAME MIDDLE INITIAL

STREET ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

()
DAYTIME PHONE

()
ALTERNATE PHONE

RELATIONSHIP
 Father Mother
 Guardian

OCCUPATION

EMAIL ADDRESS

MORE ON BACK

HEALTH INFORMATION

Please indicate any physical limitations (allergies, hearing, sight, etc.) or any additional health information:

WAIVER AND RELEASE

[Please read this form carefully and understand that by registering your minor child/ward for participation in the Little Chiefs Youth Basketball Program, you will waive and release all claims for injuries you or your child/ward might sustain arising out of the program.]

RISK OF INJURY

"I recognize and acknowledge that there are certain risks of physical injury to participants in the Big Foot Little Chiefs Youth Basketball Program (hereafter known as "Little Chiefs") and I agree to assume the full risk of any such injuries, damages or losses regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with the Little Chiefs."

"I do hereby fully release and discharge the Little Chiefs Board of Directors, coaches, volunteer staff, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the Little Chiefs."

MEDICAL ASSISTANCE

"In my absence, I authorize the coaches or other Little Chiefs personnel to use their judgment concerning medical care in case of emergency, illness, or injury of my child/ward during Little Chiefs activities."

I have read and fully understand the waiver and release above. I agree to its terms and conditions.

MODEL RELEASE

"I understand that the Little Chiefs may photograph, record audio, or record video of my child while participating in this program. I permit these photographs or recordings take place and I permit the Little Chiefs to use these photographs or recordings for publication as deemed necessary."

TRY-OUTS AND PLAYING TIME

"I understand that registration does not guarantee my child a position on a Little Chiefs team, nor does it guarantee playing time. I understand that try-outs may be necessary when registration exceeds team roster space. If try-outs are necessary, I understand that these try-outs will take place during the first week(s) of practice. I understand that teams selecting players will have a minimum of three practices before they make cuts, and players that are not selected for a team will receive a refund."

UNIFORM/EQUIPMENT

"I agree to return upon request, any uniform and/or equipment issued. I will return the uniform and/or equipment in as good condition as when it was received (except for normal wear and tear) or I will pay to replace the item(s). I understand that failure to return any portion of a uniform and/or equipment will result in a fee of \$35 per item."

PARENT/GUARDIAN SIGNATURE

DATE

VOLUNTEER SIGN-UP

I will assist for the following during the season:

- | | | |
|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Tournament Concessions | <input type="checkbox"/> Referee | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tournament Coordinator | <input type="checkbox"/> Coach | |
| <input type="checkbox"/> Scorekeeper/Clock | <input type="checkbox"/> Sponsor | |

FEES

Make Checks Payable To: Little Chiefs Youth Basketball

Send Registration Form & Fee To: c/o Big Foot Recreation
PO Box 99
Walworth, WI 53184

Participation Fee: \$75 per player; \$150 family maximum

Family maximum does not include the volunteer fees.

Registration Fee: _____ @ \$75 = _____

TOTAL PAID: _____

For Office Use Only

Form of payment

Cash

Check/Money Order # _____

Received by _____



LITTLE CHIEFS YOUTH BASKETBALL CLUB

Code of Conduct

The Big Foot Little Chiefs Youth Basketball Club is dedicated to teaching the fundamentals of basketball and displaying good sportsmanship while promoting a competitive atmosphere. Participants will gain valuable experience playing basketball against opponents that they would not typically compete against until high school.

Competitive Basketball

The Little Chiefs is a traveling, competitive basketball club. Unlike many middle school basketball programs in the area, the Little Chiefs play to win. Although we will not “win at all costs,” one of the founding principles of the program was to develop competitive teams at the high school level. Registration for a team does not guarantee a spot on the roster, nor does a roster spot guarantee playing time. Fourth-grade through eighth-grade boys and girls that live in the Big Foot Union High School District are eligible to participate in the Little Chiefs.

Expectations

Anyone associated with the Little Chiefs, including players, coaches, parents, and volunteers:

1. Must display good sportsmanship.
2. Must demonstrate enthusiasm, honesty, respect for the game, and a sense of fair play.
3. Must comply with team, club, league, and game rules.
4. Must respect players, coaches, managers, officials, Little Chiefs representatives and other volunteers.
5. May not use abusive or vulgar language or gestures at any time.
6. May not argue or display emotional outbursts.
7. Must remember that they represent their community.
8. Must use appropriate handling and care of club uniforms and equipment.
9. Must respect the practice and game facilities (The Little Chiefs use most facilities free of charge.)

Player Expectations

All Little Chiefs players:

1. Must read and sign this Code of Conduct.
2. Must put forth their best effort at all times.
3. May not use or possess tobacco, drugs, or alcohol.
4. Must respect teammates, opponents, coaches, managers, officials, and Little Chiefs representatives. (Remember, they are volunteers helping our community’s youth.)
5. Must practice as determined by the team coach.
6. Must attend games and tournaments as scheduled (unless excused by a coach).
7. Must notify a coach in advance before missing a practice, game, or tournament.
8. Must notify a coach if they are having problems with another player, a coach, Little Chiefs staff member or another team.

Parent/Guardian Expectations

All Little Chiefs parents/guardians:

1. Must read, complete and sign both this Code of Conduct and the Registration form.
2. Must pay a \$60 per player participation fee (\$120 family maximum) at the time of registration unless granted a scholarship.
3. Must pay any outstanding fees or fines before their son/daughter may play in any game or tournament.
4. Must provide transportation for their son/daughter to and from practices, games, and tournaments. (This is not a coach's responsibility.)
5. Must contact a coach (after—not during—an event) of any grievance. If the parent is not satisfied or the issue is unresolved after speaking to a coach, parents/guardians may contact the club president or another member of the Little Chiefs board of directors.
6. Non-player children may not attend practices. Parents/Guardians are responsible for non-player children during games, or tournaments. (The Little Chiefs is not a babysitting service.)
7. Must pay a \$50 per item fee for any piece of uniform and/or equipment that is not returned promptly or that is returned in a condition that displays misuse, abuse, or neglect.
8. May not use or possess tobacco, drugs, or alcohol at Little Chiefs sponsored practices, games, tournaments or events.
9. Must volunteer to help the club by selling concessions, working during games or tournaments, or assisting the club in some other capacity.

I have read; I understand; and I agree to follow the Big Foot Little Chiefs *Code of Conduct*.

PARENT/GUARDIAN SIGNATURE

DATE

PLAYER SIGNATURE

DATE

PARENT & ATHLETE AGREEMENT
Big Foot Little Chiefs

Year: _____

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document”.

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury and certify that you have read, understand, and agree to abide by all of the information contained in this sheet. You further certify that if you have not understood any information contained in this document, you have sought and received an explanation of the information prior to signing this statement.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

1. Have you ever had a concussion? _____, if yes, how many? _____

2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____