

## BASKETBALL REGISTRATION FORM

**CIRCLE DESIRED TEAM:** (Forms and fees must be turned in at the front office.)

6 <sup>th</sup> /7 <sup>th</sup> Competitive (\$100) <b>Registration 7/11/19-8/23/19</b>	5 <sup>th</sup> /6 <sup>th</sup> Competitive (\$90) <b>Registration 7/11/19-10/23/19</b>	3 <sup>rd</sup> /4 <sup>th</sup> Recreational (\$80) <b>Registration 1/21/20-2/5/20</b>
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**Eligibility Requirements:** All players **MUST not have any major disciplinary issues during the season (which includes pre-season conditioning) until the last scheduled game in order to be eligible to play on the team. Should any major disciplinary issues arise, the player may be suspended from play and practice for a period of time which is at the discretion of administration.**

Child's Name: \_\_\_\_\_ Grade & Teacher: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Shirt Size (circle one):** YS YM YL AS AM AL AXL AXXL

Child's Limitations/Pertinent Health Conditions (please provide doctor note documenting health condition and required medical care if necessary) \_\_\_\_\_

**Parent/Guardian Info:**

Parent/Guardian Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

EmailAddress: \_\_\_\_\_ Authorized to pick up: Y N

Parent/Guardian Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

EmailAddress: \_\_\_\_\_ Authorized to pick up: Y N

**Emergency Contact Info (OTHER THAN PARENT)**

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Authorized to pick up: Y N

List the names of any **additional** people that are authorized to pick up your child:

- |         |         |
|---------|---------|
| 1 _____ | 3 _____ |
| 2 _____ | 4 _____ |

**AUTHORIZATION AND RELEASE:**

**Medical Treatment:** In the event I cannot be contacted, I give permission for my child to receive emergency medical treatment by qualified medical personnel, and if needed, to be transported by ambulance or car to an emergency medical center for treatment. I further consent to the disclosure of any and all health information deemed immediately necessary for evaluation, and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician in a hospital when deemed immediately medically necessary or advisable by the physician to safeguard my child's health.

**Release from Liability:** Recognizing that SCCAA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release Pineapple Cove Classical Academy, SCCAA, volunteers, independent contractors, directors and contributing agents of the activity, from all liability based on any damage, loss, or injury of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.

I have read and understand the above and have completed this form to the best of my ability. I also support teamwork, fair play, family involvement and volunteer leadership.

**Signature of parent or legal guardian:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

*Pineapple Cove Classical Academy - West Melbourne*

*2019-2020 Sport Program Parent/Player Contract*

Welcome to the Sports Program for PCCA West Melbourne. If you and your child are interested in becoming involved this year, please take a moment to read the information below and return the signed and completed contract.

I, \_\_\_\_\_, the parent of \_\_\_\_\_ will, along with my child, abide by, respect and uphold our six school virtues.

*\*Courage-I will do the right thing even when it's unpopular or difficult.*

*\*Courtesy-I will be polite, use manners, and maintain a positive attitude in all of my daily interactions.*

*\*Honesty-I will speak the truth and act truthfully with others and myself.*

*\*Perseverance-I will be persistent in my efforts despite difficulty or delay in achieving success.*

*\*Self-Government-I will use self-control in my actions and my interactions with others.*

*\*Service-I will seek to help others through my words and deeds.*

**\*\*Any student unable to fulfill his/her responsibilities in upholding these six virtues will no longer be permitted to attend their sport club and monetary fees will not be refunded.**

**\*\*Please be advised that **transportation is the responsibility of the parents.****

**\*\*After the third occurrence of late pick-up, your child will no longer be permitted to attend that sport program and monetary fees will not be refunded.**

**\*\*If a player is absent from either two practices or games without prior coach approval, he/she may no longer be permitted to attend that sport program and monetary fees will not be refunded.**

**\*\*Sport teams will be limited to a certain number of students (numbers will vary depending upon sport) and will be filled using a lottery system or try-outs.**

We look forward to working with you and your child this year. If you have any further questions or concerns, please do not hesitate to email us.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

**\*\*\*Commitment is an excellent quality to possess and is essential in upholding our school virtues.**

*Pineapple Cove Classical Academy – West Melbourne*

*2019-2020 Sport Program Guidelines*

Dear Parents/Guardians:

We are very excited to be able to offer after school athletic opportunities for our students, and we look forward to a great year showing our spirit at all of the upcoming events. In order to ensure the success of our teams, here is some important information you should know.

- 1) The primary goal of Pineapple Cove Classical Academy is the education of our students. We are glad to offer athletics as a secondary goal to enhance our students' learning. However, grades are of the utmost importance. Should the school administration feel that a student's learning is suffering as a result of participation in any athletic program, that student will be put on probation until grades are returned to an acceptable level.
- 2) All coaches have been gracious enough to give their time to our students and families. It is imperative that we are respectful of their time with regard to dropping players off at practice/games and picking them up on time. Should tardiness and/or absence from practices or games become an ongoing issue, the player will no longer be permitted to attend that sport program, and monetary fees will not be refunded.
- 3) In the event that practice for any sport does not start immediately after dismissal, it is the parent's/guardian's responsibility to make arrangements with after care or pick the child up at dismissal and bring them back later for practice. Students may not be left unaccompanied on school grounds. Anyone picking up a student **MUST** show a car placard to the coach. Students will not be permitted to leave if a placard is not displayed, and the student will be taken to after care for a fee.
- 4) Practices are for players and coaches only. If a parent/guardian wishes to assist with practice or games, that person will need to be approved by school administration or Coach Walker as a registered volunteer. In addition, siblings that are not part of the team, are not allowed to participate in any practices or games. It is the coach's right to designate a practice as a "closed practice".
- 5) Commitment and participation are keys to any successful sports program. If your child is unable to attend either a practice or a game, please notify your coach or Coach Walker immediately.
- 6) Should any issues arise with coaches, players, referees or participants from other schools, please direct all concerns to administration or Coach Walker. Situations can occur where the heat of the moment may cause one to react instantly, but it is best if you notify the school to handle any problems that may arise.
- 7) It is helpful if one or two parents can assist the coach with various jobs such as: party coordinator, communication (contacting everyone else via phone, email, text with changes to schedule, etc.), snack coordinator, and team photographer. Please notify the coach if you are willing to assist with any of these jobs. Remember, those hours can be counted for volunteer hours.

We are grateful that you have chosen to participate in the Sports Program and hope that you and your child have a wonderful experience.

**DO NOT RETURN THIS FORM**