

# CHIEF Basketball 2009-2010

## Player Family Registration

Junior High Age – at least 12 but no older than 15 on September 1. Younger than 12 can play with coach's permission.

Senior High Age – at least 15 but no older than 19 on September 1. Younger than 15 can play with coach's permission.

Once a student declares him/herself to be in 9<sup>th</sup> grade, he/she can play CHIEF Basketball that year and the following three years.

### Player 1

TEAM  :      Jr. High Girls               Jr. High Boys               Sr. High Girls               Sr. High Boys

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age on Sept. 1, 2009: \_\_\_\_\_ Grade Designation: \_\_\_\_\_ Player Cell Phone # \_\_\_\_\_

Height (without shoes on) in inches: \_\_\_\_\_ Player email: \_\_\_\_\_

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### Player 2

TEAM  :      Jr. High Girls               Jr. High Boys               Sr. High Girls               Sr. High Boys

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age on Sept. 1, 2009: \_\_\_\_\_ Grade Designation: \_\_\_\_\_ Player Cell Phone # \_\_\_\_\_

Height (without shoes on) in inches: \_\_\_\_\_ Player email: \_\_\_\_\_

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### Player 3

TEAM  :      Jr. High Girls               Jr. High Boys               Sr. High Girls               Sr. High Boys

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age on Sept. 1, 2009: \_\_\_\_\_ Grade Designation: \_\_\_\_\_ Player Cell Phone # \_\_\_\_\_

Height (without shoes on) in inches: \_\_\_\_\_ Player email: \_\_\_\_\_

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### Player 4

TEAM  :      Jr. High Girls               Jr. High Boys               Sr. High Girls               Sr. High Boys

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age on Sept. 1, 2009: \_\_\_\_\_ Grade Designation: \_\_\_\_\_ Player Cell Phone # \_\_\_\_\_

Height (without shoes on) in inches: \_\_\_\_\_ Player email: \_\_\_\_\_

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### Player 5

TEAM  :      Jr. High Girls               Jr. High Boys               Sr. High Girls               Sr. High Boys

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age on Sept. 1, 2009: \_\_\_\_\_ Grade Designation: \_\_\_\_\_ Player Cell Phone # \_\_\_\_\_

Height (without shoes on) in inches: \_\_\_\_\_ Player email: \_\_\_\_\_

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### Parent(s)/Guardian Information:

Name(s): \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

#### Order of Phone Numbers to Call in Emergency:

		Home	Work	Cell
#1: _____	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#2: _____	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3: _____	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4: _____	Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents' email: 1. \_\_\_\_\_

2. \_\_\_\_\_

## Registration Fees

Registration fees pay for the team equipment, gym rental, referee fees, tournament fees, and any other expenses incurred by the team during the course of the season (not including travel expenses, lodging, or national tournament.)

*The maximum payment for any one family this year will be \$250.*

(A discount for coaches is offered as a small token of our appreciation for the extra time and effort these volunteers put into the lives of our young people.)

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### **Junior or Senior High Player(s)**

\$110 x number of players:

\$110 x \_\_\_\_\_ = \$ \_\_\_\_\_

\$ \_\_\_\_\_ subtract \$25 if player's parent is a head/assist. coach

\_\_\_\_\_ \$ \_\_\_\_\_ TOTAL

**OR**    Claiming maximum family fee of \$250

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Please make checks payable to "CHIEF Sports" and mail/deliver to: **Mike Stewart**  
**3505 River Bend Rd.**  
**Manhattan, KS 66502**

*Due by Saturday Nov 7, 2009.* Thank you!!

(Fee payments may be made later than that or in installments if requested.)

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I have read the *Manhattan CHIEF Basketball Policies and Guidelines* document (10/14/09) and agree to abide by its terms and conditions.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please indicate one or more areas in which member(s) of your family are willing to assist CHIEF Basketball:

- |  |  |
|--|--|
| <input type="checkbox"/> be CHIEF Basketball treasurer           | <input type="checkbox"/> help in care & cleaning of home gym               |
| <input type="checkbox"/> help schedule games, referees           | <input type="checkbox"/> help arrange team housing on overnight trips      |
| <input type="checkbox"/> help obtain equipment, t-shirts, awards | <input type="checkbox"/> help coordinate carpooling for away games         |
| <input type="checkbox"/> help keep the scorebook for games       | <input type="checkbox"/> help take admission at home games                 |
| <input type="checkbox"/> help run the clock for games            | <input type="checkbox"/> help coordinate annual tournament hosted by CHIEF |
| <input type="checkbox"/> be announcer/m.c. for games             | <input type="checkbox"/> help provide player programs for hosted games     |

**TEMPORARY POWER OF ATTORNEY  
AND MEDICAL AND LIABILITY RELEASE FORM**

This form covers all events and/or activities sponsored by CHIEF Basketball, valid from:

October 1, 2009 to March 31, 2010

One form to be completed for each player

Player's Name: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the case of an emergency, parent/guardian is to be notified in the order specified on the player registration form. If I or the doctor cannot be contacted, notify \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**HEALTH HISTORY**

Food Allergies? \_\_\_\_\_  Plant Allergies? \_\_\_\_\_

Drug Allergies? \_\_\_\_\_  Animal Allergies? \_\_\_\_\_

Other? \_\_\_\_\_  Reactions? \_\_\_\_\_

**Date of last tetanus shot** \_\_\_\_\_ **Physical Conditions:** \_\_\_\_\_

Medications and Dosages: \_\_\_\_\_

List Any Restrictions (i.e.: activities, foods) \_\_\_\_\_

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I/we the parent(s)/legal guardian(s) of the above named child do hereby delegate to the Leadership of CHIEF Basketball a "**Power of Attorney**" for the above named child for the purpose of having custody of our child and my/our consent to any needed emergency/medical treatment of said child.

In the event that I cannot be reached in an emergency between the dates specified on this form, I hereby give my permission to the physician or dentist selected by the CHIEF Basketball Leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

I understand that, if I have medical insurance, my carrier will be billed for medical charges in the case of illness or injury while my son or daughter is on this sports related activity.

I understand that every activity sponsored by CHIEF Basketball is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, as parent/guardian, I agree to assume and accept all risks and hazards inherent in this church-related special activity. I also agree not to hold CHIEF Basketball or its volunteer leaders liable for damages, losses, or injuries to the person or property undersigned. As parent/guardian, I understand that I am signing for the minor named on this form and the signature(s) are to provide the power of attorney, the medical release, and the liability release.

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_