

**SANTA FE INDEPENDENT YOUTH BASKETBALL PROGRAM
OFFICIAL TRYOUT PERMISSION/REGISTRATION FORM**

PARTICIPANT NAME: _____ **DOB:** _____ **AGE:** _____

ADDRESS: _____ **PHONE:** _____

SCHOOL: _____ **GRADE:** _____

I, _____, REQUEST THAT MY CHILD
(NAME OF PARENTS OR GUARDIAN)

_____, BE PERMITTED TO PARTICIPATE IN
(CHILD'S NAME)
TRYOUTS FOR A TEAM IN THE SANTA FE INDEPENDENT YOUTH BASKETBALL
PROGRAM.

1) I AGREE THAT IN CASE OF INJURY DURING TRYOUTS, I WILL HOLD HARMLESS ANYONE WHO IS ASSOCIATED WITH LEAGUE. I UNDERSTAND THAT MY PERSONAL HEALTH CARE INSURANCE PLAN IS PRIMARY AND THE LEAGUE INSURANCE COVERAGE IS SECONDARY. ALL LIABILITY WILL BE ASSUMED BY ME THE UNDERSIGNED, WITH EXCEPTION OF THAT PART WHICH IS COVERED BY INSURANCE.

2) I AGREE THAT IF CHOSEN MY CHILD IS ENCOURAGED BY THE LEAGUE HAVE A PHYSICAL EXAMINATION, HOWEVER, IF I CHOOSE TO DECLINE, I WILL ASSUME ALL RESPONSIBILITY BY ALLOWING MY CHILD TO PARTICIPATE.

TO THE BEST OF MY KNOWLEDGE, MY CHILD HAS NO PHYSICAL DISABILITIES, AILMENTS OR ILLNESS, WHICH WOULD PRESENT HIM/HER FROM TRYING OUT FOR THE BASKETBALL PROGRAM.

3) I AGREE THAT IF MY CHILD MAKES THE FINAL ROSTER, HE / SHE WILL PAY A \$30.00 DOLLAR PARTICIPATION FEE.

(SIGNATURE OF PARENT(S) OR GUARDIAN)

DATE

TRYOUT _____ BIRTH CERTIFICATE VERIFICATION: _____

REGISTRATION _____

RECEIVED 30.00 DOLLAR REGISTRATION FEE: _____

(MANAGER'S SIGNATURE)

SANTA FE INDEPENDENT YOUTH BASKETBALL PROGRAM

EMERGENCY INFORMATION AND PARENT'S AUTHORIZATION FOR EMERGENCY MEDICAL AND OR DENTAL CARE

Please list in order the names and numbers of persons to be called in case of emergency (at least three names are required including parents).

Name: _____ Relationship to participant: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Name: _____ Relationship to participant: _____

Home No.: _____ Work No.: _____ Cell No.: _____

Name: _____ Relationship to participant: _____

Home No.: _____ Work No.: _____ Cell No.: _____

If my child, _____ becomes seriously ill or injured at practice and/or scheduled game, I hereby authorize his/her coaches or Sponsors to arrange for transportation to:

My family physician: _____ Phone: _____

My family Dentist: _____ Phone: _____

or they can be taken to an emergency facility.

It is understood that along with permission for medical treatment that I/We the parents/guardians are responsible for any and all expenses as a result of any such necessary medical or dental emergency care:

Parents or Guardian Signature Date

Medical History and Insurance information	Yes	No
Chronic illness: Allergic to:		
Drugs	Insects	Food
		Other
Taking medication: School Insurance:	Yes _____	No _____
Other health or accident Insurance:	Yes _____	No _____
Name of Insurance:	Yes _____	No _____

Note: Parents are responsible for notifying the coaches about any change of information contained on this form.

SANTA FE INDEPENDENT YOUTH LEAGUE
BASKETBALL COMMISSION

**INFORMACIÓN de EMERGENCIA y AUTORIDAD PATERNAL PARA
CUIDADO MEDICO o ODONTOLÓGICO (DENTAL)**

Por favor de poner, en orden, los nombres y números de teléfono de personas para llamar en caso de emergencia (se requiere tres personas incluyendo los padres):

Nombre: _____ Relación al Participante _____
Numero de Casa: ____/____/____ Trabajo: ____/____/____ Celular: ____/____/____

Nombre: _____ Relación al Participante _____
Numero de Casa: ____/____/____ Trabajo: ____/____/____ Celular: ____/____/____

Nombre: _____ Relación al Participante _____
Numero de Casa: ____/____/____ Trabajo: ____/____/____ Celular: ____/____/____

Si mi hijo/hija (Nombre) _____ se enferma o se lastima seriamente en una práctica o en un juego puntual, yo a.C. autorizo sus entrenadores que arreglen por su transportación a:

Medico de la familia _____ Teléfono ____/____/____
Odontológico (Dental) de la familia _____ Teléfono ____/____/____
o a un facilidad de tratamiento de emergencia.

Yo comprendo de que los padres son responsables por todo costo que resulte del cuidado de emergencia medico o odontológico (Dental)

Fecha: ____/____/____ Firma _____
Padre(s) o Guardián

Histórica Médica e Información de Aseguramiento

Enfermada crónica: Si ____ No ____
Alérgico: Drogas ____ Insectos ____ Comidas ____ Otro ____
Tomado medicación: Si ____ No ____
Aseguramiento escolar: Si ____ No ____
Otra aseguramiento de medical o accidental Si ____ No ____
Nombre de aseguramiento: _____

Nota: Es la responsabilidad de los padres notificar a los entrenadores de cualquier cambio de información en esta forma.

PARENTS' CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Ethics Pledge.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth—not for adults.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.

Parent/Guardian Signature

Parent/Guardian Signature

Date

PLAYERS' CODE OF ETHICS

I hereby pledge to be positive about my youth sports experience and accept responsibility for my participation by following this Players' Code of Ethics Pledge.

- I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship.
- I will attend every practice and game that I can, and will notify my coach if I cannot.
- I will expect to receive a fair and equal amount of playing time.
- I will do my very best to listen and learn from my coaches.
- I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
- I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun!
- I deserve to play in an environment that is free of drugs, tobacco, and alcohol and expect adults to refrain from their use at all youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it's important to me.
- I will do my very best in school.
- I will remember that sports is an opportunity to learn and have fun.

Player's Signature

Date

COACHES' CODE OF ETHICS

I hereby pledge to live up to my certification as a NYSCA Coach by following the NYSCA Coaches' Code of Ethics.

- I will place the emotional and physical well-being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

Coach's Signature

Date

SANTA FE INDEPENDENT YOUTH BASKETBALL PROGRAM

IMPORTANT TEAM & SPECTATOR NEWS LETTER

THE SANTA FE INDEPENDENT YOUTH BASKETBALL BOARD OF DIRECTORS HAS BEEN RECEIVING NUMEROUS COMPLAINTS THAT TEAMS AND FANS HAVE BEEN LEAVING THE GYMS EXTREMELY DIRTY. THE LEAGUE IS IN JEOPARDY OF LOSING ITS PRIVILEGES OF GYM USE. WE HAVE BEEN MADE AWARE THAT AT CERTAIN GYMS WE HAVE ONLY ONE MORE CHANCE. IF WE GET ONE MORE COMPLAINT WE WILL LOSE THE USE OF GYM(S). THIS WILL FORCE US TO MAKE SOME VERY DIFFICULT DECISIONS, SUCH AS, BANNING SPECTATORS FROM THE GAMES, OR POSSIBLY NOT HAVING A TOURNAMENT, OR EVEN CUTTING THE SEASON SHORT BECAUSE WE HAVE A SHORTAGE OF GYMS TO USE. THIS COULD ALSO EFFECT THE CONTINUATION OF THIS LEAGUE FOR NEXT YEAR. IF NO ONE IS WILLING TO LET US USE THEIR GYMS BECAUSE OF THESE COMPLAINTS, THEN WE CAN'T HAVE A LEAGUE. LET US NOT FORGET THAT WE HAVE 54 TEAMS + CHEER & DRILL SQUADS AND OVER 1500 KIDS TO ACCOMMODATE. WE HAVE MADE A SET OF RULES THAT MUST BE FOLLOWED BY EVERYONE. IF YOU WANT YOUR KIDS TO BE ABLE TO CONTINUE TO PLAY.

1. Absolutely no food or drinks in any gym that does not have a concession stand. (Water is the only item allowed.)
2. If you do take water into the gym you must dispose of your container properly into a trash bin when done.
3. No more snacks are allowed after games.
4. Keep bathroom facilities clean.
5. All children must be in the direct supervision of their parents or an adult at all times while in any school facility before, during and after games.
6. Absolutely no littering in any part of the school grounds of any school facility.
7. Absolutely no smoking on school properties.

We need to be respectful of our schools, so that we don't ruin this privilege for our kids!!!

EL PROGRAMA DE BALONCESTO JUVENIL INDEPENDIENTE DE SANTA FE

AVISO IMPORTANTE PARA EL EQUIPO Y ESPECTADOR

El Cuerpo de Directores del Baloncesto Juvenil Independiente ha sido recibiendo muchas quejas que los equipos y espectadores han sido dejando los gimnasios muy sucios. La liga esta en riesgo de perder su privilegio del uso de los gimnasios. Nos ha dado cuenta que en ciertos gimnasios solo tenemos una oportunidad mas. Si recibimos una queja mas, perderemos el uso de los gimnasios. Esto nos va a forzar a hacer decisiones muy dificiles, como prohibir a espectadores de los juegos, la posibilidad de no tener torneo o/y aun terminar el resto de los juegos por no tener gimnasios suficientes. Tambien puede haber consecuencias en el proximo ano. Si no nos dejan usar los gimnasios por estas quejas, entonces no podemos tener una liga. No debemos olvidar que hay mas de 1,500 ninos que participan en la liga. Hemos hecho una lista de reglas que todos tienen que seguir si quieren que sus ninos puedan continuar a jugar.

1. Se prohíbe comida y bebida en cualquier gimnasio que no las vende. (Agua es la unica excepcion.)
2. Si trae agua dentro del gimnasio, hay que tirar el envase en la basura cuando se termina.
3. Se prohíbe dar refrescos despues de los juegos.
4. Mantenga limpios los banos.
5. Todos los ninos tienen que estar bajo la supervision de sus padres u otro adulto cada momento cuando estan en las escuelas antes, durante , y despues de los juegos.
6. No se tire basura en las propiedades escolasticas.
7. Se prohíbe fumar en las propiedades escolasticas

Tenemos que ser respetuosos a nuestras escuelas para que no perderemos este privilegio para nuestro hijos!!!.