

Viroqua Club Basketball

2018-2019 Registration



Lil' Hoopster's Level 1 Girls and Boys (Pre-K/Kindergarten):

Cost: \$25 (Includes 7 inch basketball) Time: 8:00am-8:45 am Location: Elementary Gym
Dates: Saturday October 13th, October 20th, October 27th, November 3rd

Lil' Hoopster's Level 2 Girls (1st and 2nd grade):

Cost: \$25 (Includes 7 inch basketball) Time: 9:00am-10:00 am Location: Elementary Gym
Dates: Saturday October 13th, October 20th, October 27th, November 3rd

Lil' Hoopster's Level 2 Boys (1st and 2nd grade):

Cost: \$25 (Includes 7 inch basketball) Time: 10:15am-11:15 am Location: Elementary Gym
Dates: Saturday October 13th, October 20th, October 27th, November 3rd

(NEW THIS YEAR !! Special halftime showcase on November 15th during halftime of varsity game will feature all of our Lil' hoopsters- please bring your basketball. Game starts at 7:15)

3rd Grade Boys and Girls through 8th Grade Boys and Girls

Cost: \$75 (includes a new uniform with numbers on front and back required for new Great Northwest Basketball League play.)

Practice/Tournament dates, times and locations as well as coaches contact information is all located on our new website: www.viroquaclubbasketball.com

Athlete Name: _____ Gender: _____ Birthdate: _____ Grade: _____

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Jersey Size: youth small/ youth medium / youth large / women's extra small /women's small/ women's medium / women's large / women's extra-large/ men's small/ men's medium / men's large / men's extra large

Shorts Size: youth small/ youth medium / youth large / women's extra small /women's small/ women's medium / women's large / women's extra-large/ men's small/ men's medium / men's large / men's extra large

Jersey Number 1st Choice: _____

Jersey Number 2nd Choice: _____

Jersey Number 3rd Choice: _____

(Note: All jersey numbers selected must be combinations of 0,1,2,3,4,5 and only SINGLE OR DOUBLE DIGITS for example 53, 13 and 4 are approved 76,82 and 101 are not)

In situations where you are unable to pay the fee for your child to participate in club basketball please email the club at viroquaclubball@gmail.com to apply for a scholarship.

Parent or Guardian(s): _____ **Home Phone:** _____

Cell Phone: _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

If the parent(s) or emergency contact cannot be reached immediately, may the coaches use their own judgement in seeking medical care? Yes No

If "No", what would the parents want done: _____

Please list any Health concerns/conditions/allergies:

Consent for participation/medical treatment:

- 1) I hereby consent to the above named players participation in basketball practices, tournaments, travel and associated activities sponsored by the Viroqua Basketball Club.**
- 2) I acknowledge that the above named player is in good physical and mental health and is not suffering from any health condition which would affect participation in club activities.**
- 3) I hereby consent to emergency medical care by a doctor of medicine, doctor of dentistry, or other emergency medical personnel provided under whatever conditions necessary to preserve the wellbeing of the participant.**
- 4) I understand that Viroqua Basketball Club does not provide medical insurance benefits for players injured in sponsored basketball activities. I understand I am responsible for any expenses and liabilities incurred by the above named players participation in such basketball activities.**

Parent Name: _____ **Parent Signature:** _____

Parent Responsibilities/Commitment:

I understand that I am expected to help with my own child's team's Club Basketball activities including home tournaments, travel, practices.

Parent Name: _____ **Parent Signature:** _____

- I would like to be a team parent representative for my child's team which I understand includes helping the coach with administrative duties such as form collection, informing players and parents through email/text/phone. I understand I would be leading the organization of the food stand for the home tournament for their team and will work with the coach for other needed tasks. I understand I will get a 50% discount for my child's 2019-2020 REGISTRATION.**

Viroqua Club Basketball Code of Conduct:

As a parent of a student-athlete at our school, your sportsmanship goals and objectives must include:

- 1) Athletics are part of the educational experience, and its benefits of participation and involvement go beyond the final score or outcome of a game.**
- 2) Encourage student athletes to perform to the best of their abilities and efforts, just as we urge them with their class work, realizing someone may turn in better or lesser performances.**
- 3) Participate in positive cheers that encourage our team, and discourage any actions that would redirect that focus in a negative or disrespectful nature to anyone.**
- 4) Learn, understand and respect the rules of the game, the officials who administer them and their decisions.**
- 5) Respect the efforts and tasks our coaches face as teachers; and support them as they work to educate our children.**
- 6) Respect our opponents and acknowledge them for striving to do their best with positive cheers or by simply refraining from any negative cheers, actions or disrespect toward them.**
- 7) Maintain a sense of dignity and character under all circumstances.**
- 8) Enjoy your son's or daughter's participation.**

Parent Name: _____ Parent Signature: _____

Viroqua Club Basketball Parent Concussion Agreement:

**I have read the Parent Concussion and Head Injury Information located at :
([circumstances.https://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_parent_athlete_info.pdf](https://www.cdc.gov/headsup/pdfs/custom/headsupconcussion_parent_athlete_info.pdf))
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 Name: _____ Parent Signature: _____