

2021-2022



MOUNTIES YOUTH BASKETBALL

Dribbling Clinic Registration Packet

Registration Information

Dribbling Clinic

Saturday, October 2nd, 2021

9am – 12pm

Philipsburg-Osceola Middle School

Clinic Description:

The clinic is designed for novice to advance student-athletes looking to fine-tune their skill set, and to take their game to the next level. Clinic staff will evaluate your current skill set and provide instruction to better assist you with your basketball goals. The clinic is high energy and tons of fun. You don't want to miss out!

Cost:

- \$80.00, one (1) student-athlete
- \$120.00, two (2) student-athletes
- \$150.00, three (3) student-athletes

Note: Registration and payment are due by no later than **Monday, September 27th, 2021**. Register by Monday, September 13th, 2021 and receive a clinic t-shirt.

Please make your check payable to **Mounties Youth Basketball**.

You can turn in your completed paper registration and payment to Coach TJ Anderson **or** mail to the address listed below:

Dribbling Clinic Registration

7410 Sportsman Road

Alexandria, PA 16611

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Student-Athlete's First Name: _____ Student-Athlete's Last Name: _____

Parent's First Name: _____ Parent's Last Name: _____

Parent's First Name: _____ Parent's Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Email: _____

School: _____ Current Grade: _____

Height: _____' _____" Date of Birth: ____/____/____ Did you play last year? Yes No
(Feet) (Inches) (Month) (Day) (Year)

Please rate your student-athlete's playing ability:

A (dominant) B C D (developing)

Parent/Guardian Signature: _____

T-SHIRT SIZES – Please select one.

- Youth 8 Youth 10 Youth 12 Youth 14 Youth 16 Youth 18
- Men's S Men's M Men's L Men's XL Men's 2XL Other: _____
(34-36) (38-40) (42-44) (46-48) (50-52)
- Women's S Women's M Women's L Women's XL Women's 2XL Other: _____
(4-6) (8-10) (12-14) (16-18) (20)

How do you hear about us? School Friend Neighbor Internet
 Newspaper: _____ Other: _____

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Participation Waiver for Communicable Diseases Including COVID-19

The COVID-19 pandemic has presented athletic teams across the world with a myriad of challenges concerning this highly contagious illness that primarily attacks the upper respiratory system. Some severe outcomes have been reported in children, and a child with a mild or asymptomatic case of COVID-19 can spread the infection to others.

While it is not possible to eliminate all risk of furthering the spread of COVID-19, the Mounties Youth Basketball program will take the necessary precautions and comply with guidelines from the federal, state, and local governments, CDC, PA DOH, as well as the NFHS and PIAA, to reduce the risks to our student-athletes, coaches, and their families. As information regarding COVID-19 is constantly changing, the Mounties Youth Basketball organization reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure for our student-athletes, coaching staff, and spectators. Some precautionary methods include but may not be limited to:

1. Health screenings prior to any practice, event, or team meeting with participation in the activities being limited and/or prohibited where an individual displays positive responses or symptoms.
2. Adherence to social distancing and promotion of healthy hygiene practices such as hand washing, using hand sanitizer, and coughing or sneezing into elbow.
3. Intensified cleaning and disinfection of practice equipment.
4. Education to student-athletes and parents on health and safety protocols.
5. Student-athletes and coaches are required to provide their own water bottle for hydration.

By signing this form, the undersigned voluntarily agree to the following waiver and release of liability. The undersigned agree to release and discharge all claims for ourselves, our heirs, and as a parent or legal guardian for the student-athlete named below, against the Mounties Youth Basketball organization, its Booster Club, successors, assigns, officers, agents, staff members, and volunteers and will hold them harmless from any and all liability or demands for personal injury, psychological injury, sickness, death, or claims resulting from personal injury or property damage, of any nature whatsoever which may be incurred by the student-athlete or the undersigned relating to or as a result of the student-athlete's participation in the Mounties Youth Basketball organization during the COVID-19 pandemic.

The undersigned acknowledge that participating in athletic programs, events, and activities may include a possible exposure to a communicable disease including but not limited to MRSA, influenza, and COVID-19. The undersigned further acknowledge that they are aware of the risks associated with COVID-19 and that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, cancer and other medical conditions. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, the risk of serious illness, medical complications and possible death does exist.

We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for the student-athlete's participation in athletics during the COVID-19 pandemic. We willingly agree to comply with the stated recommendations put forth by the Mounties Youth Basketball organization to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the student-athlete is in good physical condition or believe the student-athlete to be in good physical condition, and allow participation in this sport at our own risk.

We certify that the student-athlete is in good physical condition or believe the student-athlete to be in good physical condition, and allow participation in this sport at our own risk.

Parent/Guardian Signature

Date

Parent/Guardian First Name

Parent/Guardian Last Name

Student-Athlete First Name

Student-Athlete Last Name

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Medical Release Form

Parents/Guardians: please complete this form and return it with your registration packet.

Student-Athlete's First Name: _____ **Student-Athlete's Last Name:** _____

Date of Birth: _____ / _____ / _____ **Current Age:** _____
(Month) (Day) (Year)

Parent's First Name: _____ **Parent's Last Name:** _____

Home Phone: _____ **Cell Phone:** _____ **Business Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent's First Name: _____ **Parent's Last Name:** _____

Home Phone: _____ **Cell Phone:** _____ **Business Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

MINOR RELEASE

I give permission for the minor in my custody to participate in the activity of basketball and hereby waive, release and discharge any and all claims, rights to claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me, as a result of said minor's participation in said activity. This release is intended to discharge in advance the promoters, sponsors, the Mounties Youth Basketball organization coaches and staff, the officials, and any involved municipalities or other public entities (and their respective agents and employees), from and against any and all liability arising out of or connected in any way with said minor's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I further understand that serious accidents occasionally occur during said activity and that participants in such activity occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to releaser and hold harmless all of the person or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, or my heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, I agree to accept and abide by the rules and regulations of the Mounties Youth Basketball organization.

Parent/Guardian Signature

Date

Parent/Guardian First Name

Parent/Guardian Last Name

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Consent to Treatment of Minor

In the event of sudden illness, accident, or injury which may occur while said minor is engaged in an activity supervised by the Mounties Youth Basketball and its representatives, agents, or assignees, when neither parent/guardian or designated family physician can be contacted, I hereby give my consent pursuant to Pennsylvania Civil Code for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the Commonwealth of Pennsylvania.

Parent/Guardian Signature

Date

Parent/Guardian First Name

Parent/Guardian Last Name

Student-Athlete's First Name: _____ Student-Athlete's Last Name: _____

Physician's Name: _____ Telephone: (____) _____

Insurance Company: _____

Type of Coverage: _____ Policy Number: _____
(HMO; PPO; etc.)

Pertinent medical history (e.g., epilepsy; diabetes; allergies; etc.):

Emergency Contacts & Phone Numbers:

Contact #1:

First Name: _____ Last Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Contact #2:

First Name: _____ Last Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

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Public Relations/Internet/Photo Release Form

Our website may include articles and photos involving the Mounties Youth Basketball games, activities, awards, and events throughout the season and year. This is an important way to keep our families informed and our community involved. Every effort will be made to protect the individual identity of all of our members involved in the Mounties Youth Basketball organization. No telephone numbers or addresses will be placed on the website for public view, and we do not share or sell your contact information to others.

There may be times that some of the Mounties Youth Basketball student-athletes and Coaching/Staff members are featured in the local newspapers. We are asking permission to use any photograph on our website, social media accounts, and in publications regarding the Mounties Youth Basketball organization.

- I DO grant permission to the Mounties Youth Basketball organization.
- I DO NOT grant permission to the Mounties Youth Basketball organization.

Parent/Guardian Signature

Date

Parent/Guardian First Name

Parent/Guardian Last Name