

calendar days

VIRGINIA SELECT BASKETBALL

PLAYER APPLICATION

Name	Height	Date
Birth Date	_ Grade	
Mother's Name	Home Phone	
Cell Phone	E-mail	
Address		
Father's Name	Home Phone	
Cell Phone	E-mail	
Address		
Emergency Contact	Phone	
Any medical/physical condition/allergy w	ve should be aware of: YesNo	_
If yes, please explain		
publication of my name and likeness for use of photographs, film and/or video tap Virginia Select Basketball Program and .	Select Basketball Organization to allow the media coverage, public relations, or any one recording. This is to be done in conjunct I understand and agree that I may neither icipation in this event, nor will I receive as	other purpose which may involve the ction with my participating in the r pay a fee to receive individual
Parent/Guardian's Signature		
Registration Fees: Payable to the Virgini	ia Select Basketball	
Registration Fee: \$750.00 Check No. Please register at www.VASELECTBASI to all transactions.	Cash Money Order KETBALL.com If you choose to pay usin	g a credit card, a 3.4% will be added
There is a \$50 Credit if you choose to use Select staff member to verify your uniform	e last year's uniform. Please bring your u m is in good condition.	niform to the first practice for a VA

Refund Policy: (a) No refund of partial payments (b) Upon receipt of full payment no refund will be issued after ten



VIRGINIA SELECT BASKETBALL

CODE OF ETHICS

The purpose of this document is to ensure that all parents/guardians of youth participants involved in the Virginia Association AAU Boys' and Girls' Basketball Program are made aware of and are participants of the Association's "No Nonsense to Violence" involving parents and fans. Each parent/guardian must sign and be aware of the parents' CODE OF ETHICS. The Virginia Association AAU Boys' and Girls' Basketball Program will not tolerate hostile and disruptive outbursts by coaches, parents, or fans. Failure to observe the parents code of ethics could result in forfeiture of your son's/daughter's tournament participation as well as their team's continued participation.

I hereby pledge to provide positive support, care, and encouragement for my child participating in the Virginia Association AAU Boys' and Girls' Basketball Program by following this **Parents' Code of Ethics:**

- I. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, or practice.
- II. I will place the emotional and physical well being of my child ahead of my personal desire to win
- *III. I will insist that my child play in a safe and healthy environment.*
- IV I will require that my child's coach be trained in the responsibilities of being an AAU basketball coach and that the coach upholds the Coaches' Code of Ethics.
- V. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable basketball experience for all.
- VI. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at AAU youth basketball events.
- VII. I will remember that my child's game of basketball is for youth -not adults.
- VIII. I will do my very best to make the sport of basketball fun for my child.
- IX. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability. I will also treat with respect other players, coaches, fans and officials
- X. I will help my child enjoy the AAU basketball experience by doing whatever I can to be a respectful fan.
- XI. As a parent and fan I will not harasses, abuse, disrespect, or cause a disturbance against an opposing coach, player or official. I will remain committed to the AAU Code of "Sports for all forever".

Parent/Guardian Signature	Date	
Coach's Signature	Date	



VIRGINIA SELECT BASKETBALL

CONFLICT OF INTEREST

I understand there are several inherent risks involved in athletic participation in the sport of basketball and I voluntarily assume all such risks. I, intending to be legally bound, do hereby, for myself, the athlete, heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which may have or which may hereafter accrue to the athlete against Virginia Select Basketball, the Virginia Association of the Amateur Athletic Union, the Amateur Athletic Union of the US, the National AAU Committee, the sponsors and officials of any basketball event in which the Virginia Select Basketball club participates in, the owners of facilities in which events, scrimmages, or practice sessions are held, or any other support group of organizations, and their respective directors, officers, agents, members, coaches, sponsors, parents, volunteers, representatives, successors, and assigns for any and all damages which may be sustained and suffered by the athlete in connection with his or her entry or participation in any basketball event, scrimmage, or practice session involving the Virginia Select Basketball club whether or not sanctioned by the AAU or any governing body or which may arise out of traveling to and from said events including lodging.

I, or we, grant to the coaches, trainers, adult volunteers, tournament directors, or other assigned chaperones to act as guardian/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child while en route to or from or at the site of any basketball event, scrimmage, or practice session. Should a health emergency arise such medical treatment as deemed necessary by competent medical personnel is authorized.

I hereby authorize Virginia Select Basketball and the AAU to allow the reproduction, dissemination, and/or publication of my athlete name and likeness for media coverage, public relations, or any other purpose, which may involve the use of photographs, films, or video tape recording without remuneration.

I agree to pay for any damage or theft caused by the athlete to property including but not limited to locker rooms, vehicle, or hotel rooms. I agree to pay for any long distance telephone calls, movies, or other extra costs charged to the athlete's hotel room. I authorize the assigned chaperones to send my child home early from events in the event of serious misbehavior including any involvement with illegal drugs or alcohol and agree to pay for the costs of transportation.

Signature of Athlete	Date	
Signature Parent/Guardian	Date	
Medical and Insurance Information:		
Name	BirthDate	
Home Phone	Parent's Phone	
Existing Medical Conditions, Allergies	, and Medications	
Physician Name & #		
Insurance Company & Policy #		



VIRGINIA SELECT BASKETBALL

Making an IMPACT

"PLAYER'S OATH"

<i>I</i> ,	, understand that my personal succes	ss and development
as a basketball player depends of	n my total commitment and respect for the sport of basketba	ıll, my coach, the
team, and the Virginia Select Bas	sketball League. I will refrain from the use of profanity or o	bscene gestures,
and will not damage, vandalize o	or destroy property during practice sessions or at game sites	s. I understand that
it is my responsibility to attend p	ractices and games fully prepared and in a timely manner. I	While attending
practices, I promise to give the co	oaches my undivided attention, and allow others to do the sa	ame without
distraction. I will focus on impro	ving my individual and team skills while always striving to b	build my knowledge
of the game. I will maintain a pos	sitive attitude, even when events are not the way I think or w	vish them to be. I
will encourage my teammates, ar	nd will practice good sportsmanship regardless of the game	's outcome. I
realize that my commitment and	hard work will make myself and my teammates better and w	rill contribute to the
dynamic bond and success of the	team.	
	cates my understanding and acceptance of the duties outlined. I may represent my team, my coach, Virginia Select Basketh	
Signature of Athlete	Date	
Signature of Parent/Guardian	Date	
Signature of Coach		