

Players will not be added to any roster until payment is received.

## **Gordon Athletic Association Basketball Registration**

Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Parent(s) Name(s) \_\_\_\_\_  
E-Mail(required) \_\_\_\_\_



### **Basketball Fees(Make Fees Payable to Gordon Athletic Association)**

*Age as of December 31st of this year*

#### **Division Age Fee(Check One) \$165 per player**

Rookie 7-8 \_\_\_\_\_ Minor 11U \_\_\_\_\_ Junior 15U \_\_\_\_\_  
Cub 9U \_\_\_\_\_ Nets 12U \_\_\_\_\_ Senior 18U \_\_\_\_\_  
Bear 10U \_\_\_\_\_ Intermediate 13U \_\_\_\_\_

### **GORDON ATHLETIC ASSOCIATION MEDICAL RELEASE**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ playing on a GORDON ATHLETIC ASSOCIATION basketball team, hereby give my approval for his participation in any team activities. I also give permission for any and all medical attention necessary to be administered to my/our child in the event of accident, injury, sickness, etc., under the direction of the team coach, assistant coach or designee, until such time as I may be contacted. This release is effective for a period of one year from the date given below. I also hereby assume the responsibility for payment of any such treatment.

**INSURANCE CO** \_\_\_\_\_

**POLICY #** \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

**PHYSICIANS PHONE** \_\_\_\_\_

**KNOWN ALLERGIES OR MEDICAL CONCERNS** \_\_\_\_\_

**PERSON(S) TO NOTIFY if you are unable to locate me:**

Name/Phone \_\_\_\_\_

Name/Phone \_\_\_\_\_

**PARENT/LEGAL GUARDIAN**

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

**SIZE** YM \_\_\_\_\_ YL \_\_\_\_\_ YXL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_ A2XL \_\_\_\_\_

**NUMBERS WILL BE ASSIGNED FOR EACH TEAM**

Attention Check Writers: When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee of \$35.00(plus a bank fee if allowed by law) through electronic fund transfer from your account if your payment is returned unpaid.

Please include the following on your check: Full Name, Drivers License #, Street Address & Phone Number

Payment type: Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge/Transaction# \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_



# Gordon Athletic Association

## Athlete Code of Conduct

My goal is to become the best player I can be. Only I am responsible for my behavior and work ethic. I am fully committed to the Gordon Athletic Association and therefore I will:

- ◆ Conduct myself in a manner to bring credit and prestige to myself and the program.
- ◆ Focus on my schoolwork first and athletics second.
- ◆ Attend every possible practice, game and team function. If I am unable to attend, I will personally notify my coach.
- ◆ Be ready for practices and games ON TIME.
- ◆ Communicate, both on and off the field, with my teammates and coaches for mutual understanding.
- ◆ Discipline my body, including adequate sleep, a healthy diet and ABSTAIN from alcohol, tobacco and illegal drugs.
- ◆ Learn from my mistakes and never make excuses or blame others.
- ◆ Accept all coaching comments and assignments only as ways in which the team and I might improve.
- ◆ Ignore the errors of my teammates, as I believe no one is trying to make a mistake.
- ◆ Support the full effort and good skills my teammates exhibit.
- ◆ Respect the decisions of the coaches, officials and adults who are there to provide a good experience for me.
- ◆ Realize that a team is made up of individuals and everyone has a role. I will accept my role on the team and do whatever it takes to be the best I can be.

I pledge not to use profane language or to be physically, verbally or otherwise abusive toward any official, referee, coach, volunteer or spectator no matter the reason. Penalties for doing so, and embarrassing both myself and the GAA program, are understood to be an immediate removal from the current sport venue and suspension from the next game (1<sup>st</sup> offense), and removal of my entire family from the GAA for the remainder of that sport season (2<sup>nd</sup> offense). Abuse of any type directed at an athlete shall result in immediate suspension pending a hearing before the GAA Executive Board.

Any athlete found in possession of alcohol, tobacco, illegal drugs or engaged in inappropriate or unlawful behavior will be immediately suspended from the program and be released to the custody of their parent(s).

Player's signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

**\* An electronic signature is as legal and binding as original signature.**



# Gordon Athletic Association

## Parent Code of Conduct

I have given permission for my child to participate in Gordon Athletics. We have discussed the risks, commitments, and sacrifices involved and are committed to the success of the program. I understand and accept the obligations of participating, with the following in mind:

- ♦ I pledge to encourage good sportsmanship by demonstrating positive support for all participants, coaches, and officials and any GAA event either home or away.
- ♦ I will conduct myself in ways that reflect positively on GAA and bring credit to our program
- ♦ I will treat all participants (players, coaches, officials/referees, spectators) with the same respect that I would want for my child.
- ♦ I pledge not to use abusive or profane language or be physically abusive toward an official or referee and understand that the penalty for doing so will be immediate removal from the game venue (1<sup>st</sup> offense), suspension for me and my child from the next game (2<sup>nd</sup> offense) or suspension for our entire family from the GAA program for the remainder of that sport season (3<sup>rd</sup> offense).
- ♦ I understand that the use of tobacco, alcohol and illegal drugs on or near fields when athletes occupy will not be tolerated in accordance with VA. CODE ANN. Â§Â§ 15.2-2820 to 15.2-2828 (2009)
- ♦ I will remember that GAA is for the athletes and not for the adults. I will not use the coaches as a babysitting service and will supervise any children I bring to the field for practices, games or events.
- ♦ I understand that the coaches will place and play my child as they deem best for both the team and my child's abilities. I will accept and not interfere with their decisions.
- ♦ I will respect my child's coaches and do my best to have my child at all practices, games and activities on time. I will recognize the importance of volunteer coaches to the success of the program and the growth of my child and will support them as best I can.
- ♦ I will support our team, and all those who volunteer to run the GAA programs, as they strive to give my child a positive experience. I will volunteer when I can and understand that I will be asked to participate in activities such as providing occasional snacks/drinks or assist in fundraising efforts such as working the concession stand at games.

I give my permission to the Gordon Athletic Association to use my child's picture or likeness, which may be taken at any activity or even, for use in advertising, promotional materials, website displays, or publications.

I understand that the GAA will use email to contact me regarding practice or game changes, helpful information, and team updates in general. I can be reached at the following email address(s):

1. \_\_\_\_\_ registered under the name of \_\_\_\_\_
2. \_\_\_\_\_ registered under the name of \_\_\_\_\_
3. \_\_\_\_\_ registered under the name of \_\_\_\_\_

Child's Name \_\_\_\_\_

Sport: \_\_\_\_\_

Parent signature \_\_\_\_\_

Date: \_\_\_\_\_

**\* An electronic signature is as legal and binding as original signature.**



## **Concussion Management Protocol**

The health of the young athletes in the Gordon Athletic Association is of the utmost importance to the GAA Board of Directors and Coaches. Based on recent changes in research and understanding of concussions and concussion management in the medical community, many youth organizations have developed Concussion Care Programs. In accordance with this growing trend, the GAA Board of Directors would like to introduce our own Concussion Management Protocol for all sports.

**Definition:** A concussion is an injury to the brain which is often caused by a traumatic blow, jolt, or shaking of the head, which can cause physical and mental changes. Loss of consciousness is not necessary when someone has sustained a concussion.

### **Coaches/Parents Observation of Symptoms:**

- Appears dazed or stunned
- Appears confused or disoriented
- Forgetfulness
- Is not aware of the game situation
- Moves clumsily
- Answers question slowly
- Loss of consciousness
- Personality changes
- Can't recall events prior and/or after the incident

### **Athlete Reported Symptoms:**

- Headache
- Nausea
- Balance issues or dizziness
- Double or blurry vision
- Light and/or noise sensitivity
- Feeling sluggish, hazy, or foggy
- Confusion
- Concentration/memory problems
- "I do not feel right"



- **Action Plan:**

1. The athlete who is suspected of having sustained a concussion secondary to the symptoms exhibited/observed will not be permitted to return to play the day of the injury.
2. The athlete must be cleared to return to play after evaluation by a physician who is trained in concussion management, and has documentation of this release.
3. The athlete completes a 5 Stage Return-to-Play Protocol:

<b>Stage 1: Light aerobic exercise</b>
5-10 minutes on a stationary bike, walking, or light jogging to increase the athlete's heart rate.
<b>Stage 2: Sport specific exercise</b>
These include moderate jogging, running, and low non-contact intensity sport specific drills.
<b>Stage 3: Non-contact training drills</b>
Add heavy non-contact physical activity, including sprinting and non-contact sport specific drills for 60 minutes or more.
<b>Stage 4: Full contact practice</b>
Athlete may return to full contact in controlled practice for 60 minutes or more.
<b>Stage 5: Return to Play</b>
The athlete may return to full sport competition.

To progress from one stage to the next, the athlete must be asymptomatic during the stage and for 24 hours after the completion of the activity. If symptoms re-occur at any point during the 5 Stage Return to Play Program, the athlete must start over with Stage 1 and progress accordingly.

- \* Two concussions within a sport season will require the player to sit out games and practices for the remainder of the sport season.

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Parent/Guardian Signature

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Date



**Gordon Athletic Association  
Injury and Return to Play Management Protocol**

1. Injuries Occurring Outside of Games/Practices:

The parent/guardian of an athlete who incurs an injury outside of Gordon Athletic Association (GAA) games or practices that hinders the athlete's participation will notify the coach in writing regarding the extent of the injury within 24 hours of the injury and the extent to which such injury will keep the athlete from having the ability to practice or participate in games. This will be essential once teams begin playing games, due to coaches relying upon this information to prepare line-ups, plays and game strategies.

2. Return to Play Protocol:

If the athlete requires medical attention for his/her injury, it is the parent/guardian's responsibility to provide the coach a copy of the medical professional's prognosis of the injury and expected return to normal activity date. If medical attention was sought for an injury to a player, regardless of whether or not the injury occurred during a GAA practice or game, the parent/guardian must present a medical professional's note releasing the athlete back to normal activity prior to the athlete being permitted to participate. In the event an athlete is permitted to return to play in stages, each adjustment to activity must be authorized by a medical professional.

Sport: \_\_\_\_\_ Coach: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

**CHESTERFIELD BASKETBALL LEAGUE**  
**APPLICATION TO PLAY BASKETBALL**

APPLICANTS NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
CITY AND STATE : \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
ELEMENTARY SCHOOL BOUNDARY: \_\_\_\_\_ ASSOCIATION: \_\_\_\_\_  
SCHOOL ATTENDED: \_\_\_\_\_ GRADE: \_\_\_\_\_

I/We, the parents or legal guardians for the above candidate for a position on a Chesterfield Basketball League team, hereby give My/Our approval to his/her participation in any and all league activities

I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Basketball League, Inc., the organizers, sponsors, supervisors, participants and person transporting My/Our son or daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return all uniforms and other equipment issued to My/Our son or daughter in as good condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate or other proof of birth of the above named candidate at this or initial sign in.

I/We understand that My/Our son or daughter is an ineligible player if he/she is named on any roster of any official school basketball team, whether public, private or parochial, during the current school year.

Is this candidate covered by Health Insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO .

Name of insurance company: \_\_\_\_\_

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

**FREE AGENT NOT REQUIRING RELEASE**

The above named participant qualifies as a free agent without release from \_\_\_\_\_ association to play for \_\_\_\_\_ association because his/her parent was a \_\_\_\_\_ for \_\_\_\_\_ association the previous year of \_\_\_\_\_ and is a \_\_\_\_\_ for the current year.

**FREE AGENT REQUIRING RELEASE**

The above player is hereby released from \_\_\_\_\_ association to play for \_\_\_\_\_ association in the \_\_\_\_\_ division.  
REASON FOR RELEASE: \_\_\_\_\_  
**AUTHORIZED BY:** \_\_\_\_\_ (Home Association Voting Rep or President)

**APPROVED BY:** \_\_\_\_\_ Date: \_\_\_\_\_  
League Official

PLACE  
BIRTH CERTIFICATE STICKER  
IN THIS SPACE

CHESTERFIELD COUNTY  
PARKS AND RECREATION  
CODE OF CONDUCT PROCEDURES

Although the County supports the various sports leagues in many ways, the County cannot assist cosponsoring leagues in enforcing their own internal issues. Each league organizes itself in different ways with a wide range of regulations and enforcement mechanisms. If volunteers, participants or parents violate internal League rules then each league organization should take appropriate action within its guidelines. However, the county does enforce standards of behavior at county facilities and can prohibit individuals from using county facilities. An individual may be banned from a county facility if:

1. A person engages in any behavior at a county facility which would constitute a crime (e.g. assault or consuming alcoholic beverages) or;
2. A person engages in any behavior, which disrupts the use of a county facility for family recreational and sports activity (e.g. sexually harassing behavior, public profanity or physically disrupting a sporting event).

If the Director of Parks and Recreation receives a complaint of such inappropriate behavior at a county facility, he will investigate the matter and, if necessary, send a letter to the offending person indicating that they are no longer allowed in county facilities. If that person then enters a county facility, a police officer can be called who will ask the person to leave. If the person does not leave, he can be charged with trespassing.

**Procedures**

If a cosponsored organization has a problem that demands immediate attention, they should call the night or weekend rover who will assist with solving the problem. If the problem cannot be solved by the Parks and Recreation staff, county police officers will be asked to resolve the conflict.

If, after the conflict has been resolved, the league or association feels that this issue needs additional attention, the organization should submit in writing to the Director of Parks and Recreation a request to have the situation reviewed.

A committee consisting of one PRAC member and two Parks and Recreation staff members will meet as soon as possible to discuss the issue and report back to the league or association.

In order to best handle these requests and to help better assist organizations with these issues, the implementation by leagues and associations of the Parks & Recreation Code of Conduct will enable committee members to better help solve problems.



## **Chesterfield County Parks and Recreation Code of Conduct**

**The Chesterfield County Parks and Recreation Advisory Commission has adopted the following code of conduct as a result of its concerns for good sportsmanship in cosponsored youth activities. Youth sports can be used as an opportunity for young people to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants. By participating in Chesterfield County Youth Sport Programs, all parties must abide by the Code of Conduct. Violations may result in the loss of privileges at county facilities.**

I (and my guests) will be a positive role model for my children and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.

I will respect the officials and their authority. I will refrain from questioning, discussing or confronting coaches during the games, and will take time to speak with the officials or coaches at an agreed upon time and place.

I will remember that children participate to have fun and that the game is for the youths, not the adults.

I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.

I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.

I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

**I have read and understand the code of conduct and consent to abide by all listed terms.**

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_