

**VIROQUA YOUTH BASKETBALL
2016-2017 FAMILY REGISTRATION**

Participant _____ Gender _____ Birthdate: _____ Gr: _____ Jersey number _____

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(please list your jersey number only if you currently have one)

Parent/Guardian(s) _____ Home Phone: _____

Address _____ City _____ St/Zip _____

Cell/Other Phone(s) _____ E-mail: _____

Emergency Contact _____ Relationship _____ Phone _____

If the parent(s) or emergency contact cannot be reached immediately, may the coaches use their own judgment in seeking medical care _____ YES _____ NO

If "No", what would the parent(s) want done _____

Health Concerns/Conditions/Allergies _____

Consent For Participation/Medical Treatment/Concussion Facts

- 1) I hereby consent to the above named player's participation in basketball practices, tournaments, travel, and associated activities sponsored by the Viroqua Basketball Club and/or the Viroqua Parks and Recreation Department.
- 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 well-being of the participant.
- 4) I understand that neither the Viroqua Basketball Club or the Viroqua Parks and Recreation Department 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 player's participation in such basketball activities.
- 5) I understand that an athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the person determines that the participant exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury. A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.
- 6) I have read the Concussion and Head Injury Information on the Viroqua Club Basketball website and understand what a concussion is and how it may be caused. I also understand what the signs, symptoms, and behaviors are and agree to remove the athlete from practice/play if exhibited and/or a concussion is suspected. I understand the possible consequences of an athlete returning to practice/play too soon.

The required participation fees are as follows: Grade 1 & 2--\$10; Grade 3 & 4--\$20.00, Grade 5 & 6--\$30, and Grade 7 & 8--\$30. Registration fees are payable to Viroqua Basketball Club.

All fees must be paid before your child's first practice. If you are unable to pay this fee, please contact Nicole Buroker (606-1570) to apply for a scholarship.

In addition to the participation fee, all families will be expected to help with the 50/50 table at JV & Varsity basketball games, food concessions, to sell calendar raffle tickets and other fund-raising events that my come up throughout the year.

Each 5th, 6th, 7th & 8th grade traveling team will need to have a Parent Representative for this season. The duties for this position would include helping the coach with administrative duties such as form collection and getting information to players and parents through notes and phone calls. The parent rep would also help with the organization of the food stand for the home tournament of their team. This person should be able to work well with the team coach and be willing to assist him/her with anything the coach might ask for help with. Parent reps will have all registration fees for their children waived for this season.

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

_____ I am willing to sponsor a scholarship to help someone in need so their child may participate.

_____ I AM INTERESTED IN BEING A PARENT REPRESENTATIVE FOR MY CHILD'S TEAM.

Parent Name _____

Parent Signature _____

Student Name _____

Student Signature _____

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For Office Use Only

Parent(s) Name _____

Children registered	_____	Gender	_____	Grade	_____
	_____	Gender	_____	Grade	_____
	_____	Gender	_____	Grade	_____
	_____	Gender	_____	Grade	_____
	_____	Gender	_____	Grade	_____

Fees

1 st & 2 nd Grade	_____	x \$10 =	_____
3 rd & 4 th Grade	_____	x \$20 =	_____
5 th & 6 th Grade	_____	x \$30 =	_____
7 th & 8 th Grade	_____	x \$30 =	_____

Apparel Total (from apparel order sheet:) _____

Fees Total + _____

Grand Total _____

Paid in full? Yes No (If no, list amount yet to be paid) _____

Cash_____ Check_____ Name on Check _____

Collected By: _____