



**Organization & Team Guidelines and Rules**  
**“BASKETBALL IS NOT A RIGHT IT IS A PRIVILEGE”**

- *No Foul Language Will be Tolerated on or off the court*
- *No Sexually or Racially explicit comments or actions will be tolerated*
- *Absolutely No Use of Alcohol, Drugs, or Tobacco: Player will be subject immediate termination from the program without a refund.*
- *We Are a Team: We Win & Lose as a Team. No One Player wins a game or loses a game.*
- *Respect all opposing players, teams, coaches, and directors.*
- *Respect, Listen, and Learn from your coach; Respect your teammates on and off the basketball court.*
- *Respect all the facilities in which we practice, play or stay at, any vandalism may result in immediate dismissal from the program without refund of any amount.*
- *Commitment and Communication: We expect players to attend at least 70% of practices / workouts and attend at least 75% of tournament games as a top roster player. We expect all players to clearly communicate schedule conflicts for practices at least one week in advance and conflicts for tournaments four weeks in advance.*
- *We expect players and parents to study, read, and understand the player manual and handbook.*
- *We Reserve the Right to dismiss any individual from our program without refund, If Team Rules are Violated, and have been addressed and the individual show's no-progress towards improvement or correction in behavior, It is up to the director and coaches discretion to dismiss any individual after notice of behavior has been addressed to the individual and parents or guardians.*
- *We demand respect at all levels and if any individual's behavior is damaging to others, the organization or any other people, places, or personnel involved, the individual will be addressed and released at our discretion.*
- *We have a zero tolerance for negative and damaging behavior.*

**“COME READY TO PLAY BASKETBALL AT A VERY HIGH LEVEL & HAVE FUN”**

**Team Contract & Health Release Waiver:**

I certify that the player listed below is in good health. Realizing that there are some risks in athletic activities, I herby, for the named player, myself, heirs, executors and administrators, waive and release any or all rights and claims for damages we may have against SW Minnesota Stars, tournament directors, coaches, teammates, and all facilities in which we practice or compete in a game for any and all injuries that occur do to normal play and activity within the program and tournament period's. I release the right for authorized personnel to attend & perform medical attention as needed in the result of an injury of myself or my child. I as a player agree to follow the team rules and bring a positive attitude, and respect for everyone involved throughout the duration of the program. I agree to attend as many tournaments and practices that I can physically attend with the exception of family or school events.

Player Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Gaurdian: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

# SW MINNESOTA STARS BASKETBALL L.L.C.

## • WAIVER & RELEASE OF LIABILITY •

DISCLAIMER: SW MINNESOTA STARS BASKETBALL L.L.C., IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE ORGANIZATION FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF SW MINNESOTA STARS BASKETBALL L.L.C., ITS COACHES, DIRECTORS OR VOLUNTEERS.

In consideration of my participation, I hereby release and covenant not-to-sue SW Minnesota Stars Basketball L.L.C, and any of its employees, agents, coaches, directors or volunteers, from any and all present and future claims resulting from ordinary negligence on the part of SW Minnesota Basketball, or others listed for property damage, personal injury, or wrongful death, arising as a result of my participating in any tournaments, practices or other aligning activities involving the organization. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns. Further, I am aware that participation in basketball may involve injury of some type. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons or muscles, to catastrophic injuries to the head, neck, and spinal cord. On rare occasions, injuries can be so severe as to result in total disability, paralysis, or death. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of personal injury, property damage, or death. I further agree to indemnify and hold harmless SW Minnesota Stars Basketball L.L.C , and others listed for any and all claims arising as a result of my participation in the program, or any activities incidental thereto, wherever, whenever, or however the same may occur. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Minnesota, an agreement that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Minnesota. I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of SW Minnesota Stars Basketball, or any of its volunteers, coaches, directors & facilities. By my signature hereunder, I warrant that I am in good physical condition, and am capable of full and active participation in the activities that are a part of the SW Minnesota Basketball L.L.C.. I certify that the participant is covered by medical insurance and accept responsibility for payment of all medical and related services arising from participation in the SW Minnesota Stars Basketball L.L.C. In addition, I/We being the parents or legal guardians of the participant authorize SW Minnesota Stars Basketball L.L.C., and its agents, coaches, people, volunteers, & facilities permission to request emergency medical treatment or care as necessary to insure the well being of our dependent.

**Participant Name (Printed):** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_ **Date** \_\_\_\_\_

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