

2020 SPRING 3 ON 3 LEAGUE



PLEASE
PRINT
CLEARLY

Player Name: _____ Age _____

School: _____ Grade (19-20 school year) _____

Shirt Size (circle one) YS YM YL AM AL Gender (circle) M F

Describe previous playing experience: _____

Address: _____

City: _____ State: _____ Zip: _____

League Level: _____ 3 & 4 girls _____ 3 & 4 gr boys
 _____ 5 & 6 gr girls _____ 5 & 6 gr boys

All schedules & league info will be sent by email. Please provide an email where you can receive RBA information, then CHECK YOUR EMAIL!

TEAMMATES (Circle Team Captain):

1. _____ 2. _____

3. _____ 4. _____

Please provide any nights you have conflict:

THE SALVATION ARMY ROOKIE BASKETBALL ASSOCIATION

PERMISSION/WAIVER FORM

I understand that the child listed below or I will be participating with The Salvation Army on a Rookie Basketball Team from **March 23-May 7.**

MEDICAL HISTORY

Special needs or concerns (allergies, conditions, dietary needs, medications):

HEALTH INSURANCE INFORMATION (This information is not shared)

Insurance Company: _____

Policy Number: _____

Phone Number: _____

Medical Doctor: _____

EMERGENCY CONTACTS (names of persons to contact in case of emergency)

I represent that I am the parent/guardian of _____, who is under 18 years of age. My signature below indicates that all information provided in this form is true and accurate, and that I have read and fully agree to all statements made on both sides of the form, including but not limited to the Authorization and Release of Liability, Consent to Medical Treatment and the above. **Each responsible parent/guardian should sign.**

Parent/Guardian -PRINT _____ Home Phone _____ Cell Phone _____

Signature: _____

Parent/Guardian -PRINT _____ Home Phone _____ Cell Phone _____

Signature: _____

AUTHORIZED RELEASE (Names of persons who have permission to pick up my child from the gym. For the safety of the children, they must be signed in & out from the gym with the team parent.)

Name _____ Relationship _____

Name _____ Relationship _____

OFFICE USE ONLY

Total AMT _____ Payment Type _____ Check # _____

WHY 3 ON 3?

3 ON 3 basketball will improve a youth player's long-term development in many reasons:

- *Players handle the ball more often, potentially EVERY possession.
- *Players have more room to operate and practice their skills.
- *Players learn the game better, recognize situations, & how to respond.
- *Play is at the most basic form allowing players to develop fundamentally.

REGISTRATION INFORMATION

The registration fee per player is **\$45**, includes team t-shirt. Registration is due Thursday, March 5. Families with more than one child participating will receive a \$5 discount for each additional child after the first child. Scholarships available on a first come, first serve, income basis.

LEAGUE SCHEDULE

Open Gym: Week of March 23, these will be scheduled
Games: Week of March 30-Week of May 4 (final week-playoff)
Games at: The Salvation Army, 215 S 27 Ave W
Lincoln Park Middle School, 3215 W 3rd St

GENERAL INFORMATION

- Due to facility availability, game structure may change, half court at Lincoln, full court at Salvation Army. The Salvation Army will only be used when Lincoln is unavailable, specifically spring break.
- Final week tournament seeding based on team record.
- If Duluth Public Schools are closed due to weather RBA is closed.
- Teams will be required to have a "Team Parent" present & signed in at each game. Players & parents will be issued a League Guide & responsible for reading & following the rules & policies of the league (including Team Parent responsibilities-not to be considered a coach) & submit the player/parent code of conduct for this NO COACH league.
- Please consider contributing to the RBA scholarship fund personally or through corporate sponsorship, call 722-7934 to explore the opportunities.

Questions? Contact RBA Coordinator, Kris Mallett, 218-576-6174 or by email: sabasketballduluth@gmail.com

**SEND COMPLETED REGISTRATIONS AND PAYMENT TO:
RBA, The Salvation Army, PO Box 16052, Duluth, MN 55816**

**PLAYERS ARE RESPONSIBLE FOR FORMING TEAM
& REGISTERING INDIVIDUALLY.**

PLEASE READ CAREFULLY AND SIGN TO INDICATE YOUR AGREEMENT.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY Please review and complete the sections below and sign in the space provided on the other side of this form to indicate your agreement with all statements made.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the named child, authorize the participation of my child in The Salvation Army Rookie Basketball Association (the "RBA"). I understand that the RBA is part of The Salvation Army which is a nonprofit Christian organization and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the RBA is conducted by The Salvation Army and its volunteers and staff, including parents of other participating children. I also understand that The Salvation Army is solely responsible for all aspects of the RBA including selecting and supervising persons conducting the RBA. I further understand and agree that my child's participation in athletic and other activities of the RBA necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me and my family, I assume these risks.

In consideration of the privilege of my child's participation in the RBA, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify and covenant not to sue, The Salvation Army and the RBA, and all of its directors, officers, employees, volunteers, insurers, agents and representatives, and all other persons associated with the RBA (including without limitation any other participating churches, sponsors, organizations, parents, vendors, coaches, and other game and event workers, officials, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the RBA, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in RBA activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my child's name and picture in broadcasts, telecast, and written accounts for any participation in any of The Salvation Army's RBA events.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in RBA activities, and if I, the parent or guardian of the named child, am not present to make medical decisions, I hereby authorize The Salvation Army, its staff, volunteers including volunteer coaches, assistant coaches, and referees, and supervisors, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).