

High Point Parks & Recreation
136 Northpoint Avenue
High Point, NC 27262
(336) 883-3469
(336) 883-8524 (fax)
www.highpointnc.gov/pr



2013 Midnight Basketball Program

PERMISSION FORM

Age Divisions

10-13 years old

14-18 years old

PLEASE READ ALL INFORMATION!

PLEASE PRINT ALL INFORMATION!

**Registration Deadline – July 6, 2013
BIRTH CERTIFICATE MUST BE SHOWN**

The High Point Parks & Recreation Department 2013 Midnight Basketball Program is designed to provide youth with life skill workshops to assist them in making good choices as they enter young adulthood. Youth will also have the opportunity to play basketball in a structured program.

Date of Birth: Month _____ Date _____ Year _____

Name: First _____ Middle _____ Last _____ Preferred Name _____

Street Address: _____ City/State _____ Zip _____

Home Phone: _____ Emergency Contact Phone: _____

E-mail address: _____

Father's /Guardian's Name: _____ Phone (H) _____ Cell _____

Mother's/Guardian's Name: _____ Phone (H) _____ Cell _____

_____ Please check here if your child has a medical problem or condition that the Advisor and the Parks & Recreation Department need to be aware of. Please explain:

WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

(Each participant MUST turn in this waiver form before participating in any sanctioned event)

I voluntarily agree to participate, or for my children to participate, in High Point Parks and Recreation Department 2011 Basketball League. I hereby waive, release, and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the City of High Point and its elected and appointed officials, agents, and employees. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all cost incurred as a result of said treatment. I hereby give permission to the City of High Point Parks and Recreation Department to use my or my children's photographs as they see fit in their seasonal recreational brochure. I understand the photograph belongs to the City and I will not receive payment of any kind. I hereby certify that, as the parent/guardian for my child, I have legal responsibility for and authority to sign this RELEASE AND WAIVER on behalf of my child. I further certify that I have read this RELEASE AND WAIVER in full, understand the same and have signed it voluntarily and with out any duress or coercion.

HIGH POINT PARKS & RECREATION
MIDNIGHT BASKETBALL LEAGUE
PARENTAL AGREEMENT – 2013

INSTRUCTIONS: Parents are to read and sign this agreement to complete the application for the player. Youth will not be able to participate without this agreement being completed in full. Agreement must be signed in the presence of staff at orientation.

1. I/We grant permission for my/our child/ren to participate in the Midnight Basketball Program, which includes educational and instructional programs, as well as basketball skills, practice and play.
2. I/We agree that the Midnight Basketball staff may authorize the physician of their choice to provide emergency care in the event that neither the family physician nor I can be contracted immediately.
3. I/We do hereby release and hold harmless the City of High Point and its duly appointed employees/volunteers from all claims and damage due to personal injury to my/our child/ren.
4. I/We hereby give my/our permission to the City of High Point to take pictures of my/our children while they are in attendance in the Midnight Basketball events and functions.
5. I/We understand that my child/ren may not be accepted or may be released at any time from the program if he/she does not attend the required educational and instructional programs. The child may also be terminated from the program for discipline reasons.
6. I/We understand that my child/ren may not be accepted or may be released at any time from the program if it is determined that my child/ren lessened the health, safety, welfare, or enjoyment of himself or the other program participants.

**To ensure the safety of your child please advise how your child will be leaving the center nightly
(Circle One)**

Car Rider (Family member)

Car Rider (With another participant)

Walker

If an injury was to occur and parent could not be reached, the City of High Point Staff will have child transported to HP Regional Health Systems. If father, mother or guardian can't be contacted, call:

Name: _____ Relationship: _____

Phone: _____

MEDICAL CONDITIONS:

- It is very important that we know if your child has a health concern (allergic to bee stings, or food allergies, asthma, diabetes, seizure disorder, etc.) fears, or is receiving special services for any condition. What conditions should we know about?

Please indicate how many you will donate to the program:

_____ **Gatorade (individual bottles)**

_____ **Snacks (individually packed)**

Midnight Basketball Code of Conduct

All participants must be present and on time for all activities and programs.

Excused / UN-Excused Absentees

- 1 UN-excused absentee are those persons who fail to report to the program as scheduled without prior approval.
2. Excused absentees are those persons who have submitted time off in writing.

Leave Request

We understand that emergencies may occur during your time in the program. Please call the center your child is attending to let staff aware of absence and reason.

All requests for approved absentee must be submitted **upon registration by parent or guardian**. Persons who choose not to give notice will not automatically be dismissed from the program.

10 Golden Rules

1. Dress Attire to be followed as stated below
2. Electronic material policy to be followed as stated below
3. Must follow directions at all times
4. Fighting is prohibited
5. Profanity/cursing is prohibited
6. Use/possession of drugs, alcohol, or tobacco products are prohibited
7. Weapons of any nature are not allowed
8. Must stay within assigned area and with group at all times
9. Being present and on time to program/activities is required
10. Respect everyone at all times (staff, volunteers, guest speakers and participants)

First Offense = Verbal Warning

Second Offense = Dismissal

Disciplinary action is left up to the discretion of the committee and facility staff. You may not be given a verbal or written warning when breaking a rule. You could be permanently suspended on your first offense.

Dress Attire

All participants must be properly clothed. No cut off pants will be allowed. All t-shirts must be of good nature. When playing basketball you must wear sneakers, preferable some with white bottoms. No hats, bandanas, or hair rags of any nature should be worn in the building or during program activities. Pants must be pulled up around your waist at all times. No one will be allowed to wear jewelry while playing on the court. All attire policies should be followed when in the facility and on field trips if and when they are taken.

Electronic Material

In your best interest to leave all iPods, electronic games, etc. at home. Cell phones are not to be used during program time; if participant is caught the cell phone will be taken and can be picked up at the end of the program day. If it becomes a regular occurrence a parent/guardian will have to pick up the cell phone. If your personal items become lost or stolen we are not responsible for the return of any items.

Child's Name (PRINT): _____ Parent's Name (PRINT): _____

Parent's/Guardian's Signature: _____ Date: _____

Signature of Witness (Staff): _____ Date: _____ Birth Certificate Checked _____