

# Monroe Girls Select Basketball Club

## Code of Conduct

In consideration of being a Player, Coach, Parent, Volunteer and/or Administrator in the Monroe Select Basketball Club, I consent to abide by the rules of conduct set forth herein. I understand that these rules extend to my conduct in all activities and events sanctioned or sponsored by the Monroe Girls Select Basketball Club. This includes practices, travel to and from events, tournaments, and overnight stays. I also understand that if I violate any of the following rules, I may be subject to disciplinary action as deemed appropriate by the authorized person, persons, boards or committees of the Monroe Select Basketball Club. Disciplinary actions may include loss of playing time and/or the Club may send a player home from a tournament at the parent's expense and/or dismissal from the Club.

The following actions are prohibited:

- Illegal transport, possession, or use of drugs or other illegal substances.
- Physical damage to a facility or theft of items from a room, dormitory, residence or other person. (Restitution will be part of any penalty imposed)
- Possession of fireworks, ammunition, firearms, other weapons or any item or material which by commonly accepted practices and principles would be a hazard or harmful to other persons.
- Any action considered to be an offense under Federal, State, or local laws/ordinances.
- Violation of the specific policies, procedures, and/or regulations of the various School Districts where we practice or participate in tournaments.
- Conduct which is inappropriate as determined by comparison to normally accepted behavior.
- Physical or verbal intimidation of any individual.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Monroe Girls Select Basketball Club

## Insurance Information Form

Player Name: \_\_\_\_\_

### Insurance Information

Insurance Carrier: Policy #: \_\_\_\_\_

Primary Policy Holder: ID#: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Name (other than parent or guardian): \_\_\_\_\_

Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

If your insurance carrier requires a phone call prior to treatment or hospital admission, please provide that phone number and/or point of contact: \_\_\_\_\_

## Financial Responsibility Agreement Form

The Monroe Select Basketball Club is a non-profit, tax-exempt corporation. Its purpose is to develop the student athlete through basketball with the goal of improving basketball skills and increasing our players' chances of earning a spot on a high school basketball team. We play in the Puget Sound Basketball League (PSTL). The cost includes what is listed below. **Each player's financial obligation is \$325 for the season (\$275 for families with multiple children in the organization).**

**League entry (16 games) / Referee's**

**League tournament (2 to 3 games)**

**Private tournaments 2 (these are selected by each individual team) (8 games)**

**Use of Uniform**

**Gym Use**

Please just let us know if you need to spread payments over time, or an arrangement of that sort. We are open to whatever works to support your daughter through her basketball development.

Because the Monroe Select Basketball Club is non-profit, and in order to avoid financial shortfalls, Monroe Select requires that you commit to the club by signing this Agreement, that you will pay or fundraise this full amount.

### **THIS IS A FINANCIAL RESPONSIBILITY AGREEMENT AND CONTRACT**

There are occasions when a player may not be able to travel with the team to tournaments as a result of injury, health, or discipline. It is the policy of the Monroe Select to consider each situation on its own merits and, in the sole and exclusive judgment of Monroe Select, provide a refund in certain circumstances. There is no guarantee that this will occur.

By signing this agreement, you are committing to pay or raise funds for your daughter's fee.

Signed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Parent or Legal Guardian (printed)

\_\_\_\_\_  
Parent or Legal Guardian Signature

# Monroe Girls Select Basketball Club

## Parent Permission Form, Liability Waiver and Release, and Authorization for Medical/Dental Treatment

I, the undersigned, the parent and/or legal guardian of \_\_\_\_\_ (Player) acknowledge that the Player is receiving valuable instruction and experience by her involvement with Monroe Select Basketball Club. In consideration thereof, I hereby grant permission for the Player to play, compete, train, and otherwise participate in the Monroe Girls Select Basketball Club including but not limited to practice, games, tournaments, clinics, camps, fundraising, volunteering, social activities, travel by any and all means including private, public, and commercial transport by ground, air, and water based vessels, and other activities sponsored by the Monroe Select Basketball Club.

I recognize the fact that basketball is a contact sport and that serious injuries can and do occur. I accept the full responsibility for any injuries that may occur to the Player as a result of her trying out for and participating in the Monroe Girls Select Program. I waive any and all liability against Monroe Select Basketball Club, its officers, employees, coaches, trainers, volunteers, affiliated organizations, sponsors, vendors/suppliers, the school districts, and the owners and operators of any facility utilized by Monroe Select Basketball Club, and hereby release and discharge the same, from any claim, loss, injury, cost, damage or expense incurred/sustained by or on behalf of the Player as a result of the Player's participation in the Monroe Select Program. I further agree to indemnify and hold harmless all of the above organizations, employees, officers, coaches, trainers, volunteers, and sponsors for any judgment awarded, attorney fees, and other expenses with respect to any claims, loss, damage, or expense which may be sought by or on behalf of the Player or her family/guardian.

I, the undersigned, hereby grant permission for Monroe Select Basketball Club, its officers, employees, coaches, and trainers, to authorize medical or dental treatment for the Player by any available and qualified physician/dentist or other trained medical personnel. In addition, this permission extends to and includes authorization for emergency treatments, procedures, and surgeries for the Player. Furthermore, on-going medical treatment is authorized until such time as the undersigned shall dismiss these physicians/medical personnel in writing and have engaged another qualified physician. This permission and authorization includes admission to a hospital or medical facility if the attending physician deems it necessary.

I understand that monies paid and donated to Monroe Select Basketball Club are non-refundable. I understand that participation in Monroe Select Program is done in accordance with the acceptance of this permission, authorization, release, and waiver. The permission for participation and authorization for medical treatment is effective for thirteen (13) months after the date of my signature hereto (Participation Period). The waiver and release of liability for causes of action arising under or related to the Participation Period continue into perpetuity.

Player Name (printed)

Player Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent or Legal Guardian Signature  
(if Player is a minor)

Date

\_\_\_\_\_

\_\_\_\_\_