

Monroe Girls Youth Basketball

Player Name: _____

Financial Responsibility Agreement Form

Monroe Girls Youth Basketball is a developmental basketball program providing the girls the opportunity to play Bearcat basketball preparing to play Monroe High School Girls Basketball. We play in the Puget Sound Cascade Basketball League (PSCTL). 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 – girl or boy).**

League entry (~14 games) / Referee's

League tournament (single elimination 1 to as many as 4 games)

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

Use of Uniform and Practice jersey

Gym Use

Shooting Shirt

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.

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 Youth to consider each situation on its own merits and, in the sole and exclusive judgment of Monroe Youth, provide a refund in certain circumstances. There is no guarantee that this will occur.

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

Assumption of Risk and Liability Release: I recognize basketball is very intense which can result in injury. I accept the risks inherent in basketball and agree to hold harmless Monroe Girls Youth Basketball, the coaches and the facility in which the training occurs. I accept full responsibility for all medical expenses and claims incurred as a result of the minor's participation.

I also give Monroe Girls Youth Basketball permission to make any medical decisions deemed necessary for my child until I am able to do so. This release is binding as to any persons, including family members, heirs and executors.

Code of Conduct

In consideration of being a Player, Coach, Parent, Volunteer and/or Administrator in the Monroe Girls Youth Basketball, 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 Youth Basketball. 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 Girls Youth Basketball. 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.

My signature below means I have read, understand and agree to the conditions and responsibilities as outlined above and have discussed the code of conduct with my daughter.

Parent or Legal Guardian Signature

Date

Monroe Girls Youth Basketball

Insurance Information Form

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: _____