

Hoop Dreams Foundation, Inc.

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

In consideration of the mutual promises contained herein, Hoop Dreams Foundation, Inc. ("Hoop Dreams") and I, the undersigned, the parent and/or legal guardian of (if Player is a minor, i.e., under 18 years of age), or the person (if Player is age of majority, e.g. 18 years of age or over), _____ ("Player") acknowledge that the Player is receiving valuable instruction and experience by way of Player's participation with the Hoop Dreams.

In consideration thereof, Parent and/or legal guardian of Player and Player hereby agree that Player will abide by all rules of Hoop Dreams and play, compete, train, and otherwise participate in the Hoop Dreams events, 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 in other activities sponsored by Hoop Dreams.

Parent and/or legal guardian of Player and Player further authorizes the administration of the Hoop Dreams to release pertinent information about Player to college coaches, media, and pertinent others, and Hoop Dreams agrees to said actions for the purpose of enhancing the potential recruiting process for Player. This information includes but is not limited to photographs, email addresses, telephone numbers, press releases, games summaries, and other pertinent information regarding Player and Player's participation with Hoop Dreams.

Parent and/or legal guardian of Player and Player acknowledge and agree to the fact that basketball is a contact sport and that serious injuries can and do occur. Parent and/or Player accept the full responsibility for any injuries that may occur to the Player as a result of Player trying out for and participating in the Hoop Dreams events, and voluntarily waive any and all claims as against, and waive the liability of Hoop Dreams its Board of Directors, officers, employees, coaches, trainers, volunteers, as well as all organizations voluntarily affiliated with and supporting Hoop Dreams and Player, including but not limited to Hoop Dreams sponsors, vendors, school districts, and the owners and operators of any facility utilized by the Hoop Dreams and hereby release and discharge all said persons and entities from any claim, loss, injury, cost, damage or expense incurred/sustained by or on behalf of the Parent and/or Player as a result of the Player's participation in the Hoop Dreams events. Parent and/or Player further agree to indemnify and hold harmless all of the above Hoop Dreams Board of Directors, organizations, employees, officers, coaches, trainers, volunteers and sponsors for any judgement 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 Parent and/or Player.

Parent and/or legal guardian of Player and Player, _____, hereby further grant permission for the Hoop Dreams its officers, employees, coaches and trainers, to authorize medical or dental treatment for the Player by any available and qualified physician/dentist and/or other trained medical personnel in the event of injury to Player. In addition, this permission extends to and includes authorization for emergency treatments, procedures, and surgeries for the Player as deemed necessary by qualified medical personnel. Furthermore, on-going medical treatment is authorized until such time as the Parent and/or Player (if not a minor) shall dismiss these physicians/medical personnel in writing and shall have engaged another qualified physician. This permission and authorization includes admission to a hospital or medical facility if the attending physician deems it necessary.

Parent and/or legal guardian of Player and Player further acknowledge and agree that all monies paid and donated to the Hoop Dreams are non-refundable. I understand that participation in the Hoop Dreams events is done in accordance with and reliance upon the acceptance of this permission, authorization, release and waiver. The permission for participation and authorization for medical treatment is effective for thirteen months after the date of Parent and/or legal guardian of Player and Player's signature hereto and participation. The waiver and release of liability for causes of action arising under or related to the Player's participation shall continue into perpetuity.

Player Name

Player Signature

Date

Parent/Legal Guardian Signature

Date

Hoop Dreams Foundation, Inc.

Communication Policy

The Hoop Dreams Basketball Club strives to develop young athletes both on and off the court. While individual skill development and team growth are a major focus, the ability to effectively communicate and mature as an individual are just as (if not more) important for all Hoop Dreams' participants.

All representatives (coaches, administrators, volunteers, etc.) of the Hoop Dreams Basketball Club genuinely want to assist in the basketball and personal development of our participants. In order to promote positive interactions, life-long skills (for Hoop Dreams players), and proper lines of communication the following procedures will be enforced.

For concerns about playing time and/or personal development:

- **1st contact: Player & Coach**
 - A meeting between the player and coach should **ALWAYS** be the first line of communication. This meeting should be "player ran"; if parents would like to assist with the initial contact to a coach to request a meeting and/or be a support at the meeting that is welcomed. Coaches should provide feedback based on the concerns in an open conversation with the dialogue taking place between the player and coach
 - A minimum of 2 weeks' participation (practices and/or games) after the initial meeting is required before any other meetings are requested. This time frame should allow for further interaction between coach and player and may prevent a need for other meetings moving forward
- **2nd contact: Parent, Player & Coach**
 - Should a player and/or parent continue to have concerns regarding participation within the club a parent may request a meeting with the coach; the player **MUST** be in attendance at this meeting
 - All requests should be made via email and respective Club Directors should be cc'd on the email
 - Meetings will be focused solely on the respective player's (and/or parent's) development concerns
 - If concerns are regarding playing time, under **NO** circumstance should they be addressed with a coach during or directly after a game/tournament. A **24-hour rule** will be enforced for all meeting requests. I.E. If a player or parent has a concern about playing time during a tournament, a meeting can be requested **24 hours AFTER the last game of the tournament**
 - Another 2 weeks of participation should occur after the Parent/Coach meeting. If, for whatever reason, player and/or parent are still concerned a 3rd contact can be made
- **3rd contact: Parent, Coach & Hoop Dreams' Director**
 - If concerns remain after the first 2 contacts, parents may request a meeting with the coach and respective Hoop Dreams Director by emailing the director and cc'ing the coach
 - During this meeting, concerns will be addressed and action steps will be decided on in regards to moving forward in the club

IMPORTANT: Anonymous emails are not a proper form of communication and will be deleted upon receipt.

Requests to discuss personal growth and/or concerns are important and respected by club coaches and administrators. The communication lines will be strictly enforced in order to protect all parties involved. By signing below, I acknowledge that I have received, read, and fully understand the Communication Policy. If I act in a manner outside of the policy actions may affect my child's and/or my participation within the club.

Player's Name (Printed)

Player's Signature

Team/Coach

Parent's Name (Printed)

Parent's Signature

Date

Hoop Dreams Foundation, Inc.

Financial Commitment

The Hoop Dreams Basketball Club is a non-profit, tax exempt corporation. Its purpose is to develop student athletes through basketball with the goal of improving basketball skills and increasing our athletes' opportunity of earning a scholastic and/or athletic scholarship. The teams play competitive schedules requiring funds for gym rentals, tournament fees, coaches/administrator wages and travel expenses. This is a financial commitment that the parents and athletes of our teams must make. We understand the importance of the financial commitment from all involved parties and will continually seek additional funding to help off-set expenses whenever possible.

The following information outlines the various financial commitments for the 2018-2019 season:

- Annual Club Initiation Fee: \$40**
 - Covers background checks & CPR training (for coaches/admin), first aid kits, etc
- Monthly Dues: \$130**
 - **Financial Assistance is available.** Please contact your respective submit the online Financial Aid Form
 - *There are occasions when an athlete may not be able to practice or travel with the team to tournaments as a result of injury/health. It is the policy of the Hoop Dreams Basketball Club to evaluate each situation on its own merit and in the sole and exclusive judgement of the Hoop Dreams Basketball Club. If it is deemed appropriate a refund may be awarded; however, there is no guarantee that this will occur due to the nature of prepayment for club expenses
- AAU Membership: \$14 (1 year membership)**
 - Required for some tournaments in Washington & Oregon
 - May not be required for ALL players; please check with your respective teams
- Tournament Costs: \$20-120/month**
 - Only players participating in a tournament will pay tournament fees
 - Local Tournament dues will cover the tournament registration only
 - Travel Tournament dues will cover tournament registration and coach's travel (hotel, gas and food stipend). Total cost will be divided by the number of players participating in the tournament. *Please note that these fees are in addition to the individual travel costs for each player which is the sole responsibility of the family
- Uniforms: \$100-\$250**
 - **New uniforms are ordered every 3 years**
 - **3rd - 4th Grade Teams** = practice uniform & shooting shirt
 - **5th-7th Grade Teams** = practice uniform, reversible game uniform, shooting shirt
 - **8th grade - HS** = practice uniform, 2 game uniform sets, shooting shirt
 - **Optional Purchase** = Backpack

By signing below, the athlete and parent/guardian confirm our understanding of the Financial Commitment that we are making by accepting a position on a Hoop Dreams Basketball team. I agree to pay in full on, or before, the designated due date(s). If assistance is needed, or payment plans would like to be set up, communication with Club Directors MUST occur BEFORE the season begins (or at the time of financial concern) in order to avoid penalties. If an account is not current he/she may not be allowed to train or play with his/her Hoop Dreams team until the account is made current or payment plan is in place. Hoop Dreams has the right to request a current credit card for accounts not in good standing. This agreement supersedes and replaces any prior agreements, written or oral, which you and Hoop Dreams Basketball Club made regarding the 2018-2019 season.

Player Name (Printed)

Team/Coach

Parent Name (Printed)

Parent Signature

Date

Updated Sept 2018

Hoop Dreams Foundation, Inc.

Player & Parent Code of Ethics:

In consideration of being a Hoop Dreams athlete, coach, parent, volunteer and/or administrator, 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 Hoop Dreams Basketball Club including 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 Hoop Dreams Basketball Club. Disciplinary actions may include loss of playing time, the Club may send a player home from a tournament at the parent's expense and/or dismissal from the Club.

Parents' Code of Ethics:

I pledge to provide positive support, care and encouragement for my child, and all players, participating in/against the Hoop Dreams Basketball Club

I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience

I will remember that the game is for the YOUTH – not the adults

I will ask my child to treat other players, coaches, fans and officials with respect

I promise to help my child enjoy their participation with Hoop Dreams Basketball by doing whatever I can which may include (but is not limited to): being a respectable fan, providing transportation, proactively communicating with coaches about concerns, etc

I will comply with all Federal, State, and/or Local Laws in order to provide a safe environment for my child, and others, to be successful

Players' Code of Ethics:

I pledge to be positive about my experience with the Hoop Dreams Basketball Club and accept my responsibility for participation

I will encourage, support and respect my teammates, coaches, officials, parents, and administrators at all times

I will make every effort to attend all practices and tournaments; I will provide early notification to my coaches when I am unavailable

I will **EARN** my playing time based on my skill level and performance in practices and games

I will do my very best both on and off the court; earning good grades, being an active member in the community, and a positive role model are important to me and my success as a person and an athlete

I will have fun and take advantage of the opportunity I have as a member of the Hoop Dreams Basketball Family

I will comply with all Federal, State, and/or Local Laws in order to provide a safe environment for myself, and others, to be successful

Player's Name (Printed) _____

Player's Signature _____

Team/Coach _____

Parent's Name (Printed) _____

Parent's Signature _____

Date _____

Hoop Dreams Foundation, Inc.

Insurance Information Form

Player Name (Printed) DOB Team/Grade Coach

Insurance Information

Insurance Carrier: _____ Policy #: _____

Primary Policy Holder: _____ ID #: _____

DOB of Primary Policy Holder: _____

In case of emergency, contact: _____ Relationship: _____

Work Phone: _____ Home/Cell: _____

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

