

FRIARSGATE BASKETBALL ASSOCIATION REGISTRATION FORM

☐ Mixed Basketball ☐ All GIRLS Basketball (Ages 9-11 and 12-15)

Participant: _____
First Last Family Email Address

Address: _____
Street City State Zip

Home Phone: _____ Male: _____ Female: _____ Date of Birth: _____ Height: _____

School: _____ Grade: _____ Years Played Basketball: _____

Mother: _____ Home #: _____ Work #: _____

Father: _____ Home #: _____ Work #: _____

Siblings who will also be playing basketball with FBA: _____

Do the sibling(s) need to be placed on same team if age groups are same? **Yes** **No**

Shirt Size: (Circle One) Y-MED Y-LG A-SM A-MED A-LG A-XL A-2XL A-3XL

List, if any, Participant's involvement in other sports: _____

Check parent volunteer items: ☐ Coach ☐ Asst. Coach ☐ Team Parent

Note: A separate application must be completed if interested in coaching or assistant coaching. An application can be obtained at Friarsgate Park or at www.friarsgatebasketball.net.

Medical problem(s): _____

AS PARENT/GUARDIAN OF THIS PARTICIPANT, I certify he/she is medically able to participate in this program. Also, I fully understand the risk involved in playing organized sports and will not hold Friarsgate Basketball Association (FBA), league officials, coaches, sponsors or the Richland County Recreation Commission responsible for any sickness or injury that a participant may receive during practice or play in this league and insurance is not provided by FBA or any affiliate listed above. In addition, in the event I cannot be reached, I authorize league officials and/or Friarsgate Park staff members to call for medical assistance, if necessary, with the understanding that I will be responsible for all costs involved in any such emergency. Further, FBA reserves the right to reject any application(s) or registration(s). Further, FBA, league officials and/or Friarsgate Park and Richland County Recreation are not responsible for lost or stolen basketballs. Friarsgate park and only rents its facilities. I have read and agree to the terms listed on the second page of this application. Also by signing below, you acknowledge that you have read FBA's refund policy.

Signed: _____ Signed: _____
Parent/Guardian Parent/Guardian

League Use Only

League Age by March 1, 2017: _____

Birth Certificate Verified: _____ (League Official Initials)

Fee: \$ _____ Paid By: ☐ Cash ☐ Check #: _____ ☐ Credit/Debit; _____ Registration Date #: _____

Put down fee for **this** participation only. BB Fees: \$60 for leagues ages 7 & up; \$50 for leagues ages 5/6

\$10 late registration fee, per participant after October 9, 2017.

Please do not drop off registration forms and money at Friarsgate Park. If you would like to pay with a credit/debit card, our authorization form can be found on our website and should be included with forms.

Mail registration form and either an Authorization form for credit/debit card, Check, Money Order/Cashier's Check (Payable to FBA), and a Birth Certificate to:

Friarsgate Basketball Association (FBA)
168 Mariner's Creek Drive
Lexington, South Carolina 29072

COMMITMENT STATEMENT

As a coach, referee, player, parent, or other FBA volunteer, I agree to the following:

1. To be willing to attend league meetings. You must know what's going on in order to be effective and your input and ideas are needed.
2. To be willing to participate in league functions (i.e., canteen operations, Hoop-A-Rama, fundraisers, promotions, picture day, clinics, etc.).
3. To be willing to spend the time necessary with your team at practices and games.
4. To be willing to handle the administrative requirements of the team (i.e., obtaining accurate team rosters, parent letters, parent meetings, etc.).
5. To be willing to attend league or district coaching, rules and safety clinics.
6. To be responsible for the proper safe-guarding and use of all equipment, facilities, and uniforms.
7. To be willing to maintain and teach players and parents fair play, sportsmanship, team play and respect for the opponent, league officials, and referees.
8. To abide by the FBA rules and regulations and the Coaches' and Parent's Code of Ethics and understand that should I not abide by these regulations and ethics, I will receive the appropriate assessment as deemed by the FBA Board of Directors.
9. I understand that the public use of bad language, use of alcoholic beverages, and smoking are not acceptable examples for young people and will refrain from all these while representing the league.
10. I understand that **WINNING IS NOT EVERYTHING, BUT GIVING THE EFFORT TO WIN IS EVERYTHING!!!**

PARENTS' CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Ethics Pledge. I understand that consequences of not following the Parents' Code of Ethics Pledge will result in consequences as set forth in the FBA guidelines and regulations. I will abide by the following:

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, board members, and officials/referees at every game, practice, or other youth sports events.
2. I will place the emotional and physical well-being of my child ahead of a personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will support coaches, board members, and officials/referees working with my child in order to encourage a positive and enjoyable experience for all.
5. I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
6. I will remember that the game is for the youths, not the adults.
7. I will do my very best to make sports fun for my child.
8. I will ask my child to treat other players, coaches, fans, board members, and officials/referees with respect regardless of race, sex, creed, or ability.
9. I promise to help my child enjoy the youth experience by doing whatever I can, such as being a respectable fan, assisting with coaching, and providing transportation.
10. I will require that my child's coach uphold the Coaches' Code of Ethics.

PLAYERS' CODE OF ETHICS

I hereby pledge to be positive about my sports experience and accept responsibility for my participation. I will abide by the following:

1. I will encourage good sportsmanship from fellow players, coaches, officials/referees, and parents at every game and practice by demonstrating good sportsmanship.
2. I will attend every practice and game that I can, and will notify my coach if I cannot attend.
3. I will expect to receive a fair and equal amount of playing time.
4. I will do my very best to listen and learn from my FBA coach(s).
5. I will treat my coach(s), other players, officials, fans, board members, and officials/referees with respect regardless of race, sex, creed, or abilities.
6. I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun!
7. I deserve to play in an environment that is free of drugs, tobacco, and alcohol and expect adults to refrain from their use at all sports events.
8. I will encourage my parents to be involved with my team in some capacity because it's important to me.
9. I will do my very best in school.
10. I will remember that sports are an opportunity to learn and have fun.

Please note that one parent/guardian's signature will bind all Player's immediate family members to the contents of this Registration, Rules and Regulations.

I have read and fully understand the information on this Commitment Statement. I agree to adhere to the rules and regulations listed in this document. I understand that if there is violation in this Code of Ethics by either a coach, parent, official/referee, spectator or player, the matter will be brought before the President and one FBA Member Board Directors. Reprimand given per FBA League Administrator (after discussion with President/Board Member. The Board's decision will be final with no appeals.

Signed: _____
Parent/Guardian

Signed: _____
Parent/Guardian