BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY

jr.nba LEAGUES

LAKE STEVENS BOYS & GIRLS CLUB

Winter 2022 Basketball

3-4 year olds • $100 (clinic & scrimmage only)
Kindergarten - 2nd Grade • $140 | 3rd Grade + up • $165

REGISTRATION: now through November 21st, 2022

PRACTICES: begin the week of December 12th (1 practice per week 2nd grade and lower, 2 practices per week 3rd grade & above, dependent on gym & coaches' schedules)

GAMES: begin January 7th (most teams), total of 7 games (season ends no later than March 4th, 2023)

GEAR: all players will receive a reversible jersey provided by Jr. NBA/WNBA

FORMAT: teams are divided into boys & girls by age/grade level: 3-4 year olds, kindergarten, grades 1-2, 3-4, 5-6, 7-8, and high school.

For more information contact Lake Stevens Athletics at lakestevenssports@bgcsc.org

2022 WINTER BASKETBALL REGISTRATION

First Name: _____ Last _____

Gender: _____ Birth date: _____ Player's Age: _____

Player's Grade: _____ School: _____

E-Mail: _____ Parent First Name: _____ Last: _____

Address: _____ City: _____ Zip: _____

Day Phone: _____ Cell Phone: _____

Emergency contact: _____ Phone: _____

Relationship to player: _____

Coaches name: _____

My child would like to play with the following friends (not guaranteed): _____

My child would like to request the following coach (not guaranteed): _____

Shirt Size (check one): **Youth:** ☐ YS ☐ YM ☐ YL ☐ YXL **Adult:** ☐ AS ☐ AM ☐ AL ☐ AXL ☐ AXXL

Yes! I would like to be a part of my child's team by: coaching ☐ sponsoring ☐

Name: _____ Phone: _____ Email: _____

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Receipt number: _____ Scholarship: _____ Amount: _____ Check: _____ Cash: _____ Card: _____

Boys & Girls Club Code of Conduct

BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY

I declare that I am the parent or legal guardian of _____, a minor, age_____, I have full custody and control of the child. To the best of my knowledge my child is in good health and is adequately immunized to participate in Club activities. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached I hereby authorize his/her athletic supervisor, coach or any other Club volunteer or employee to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for my medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the above listed phone. In case I cannot be reached in an emergency, medical treatment as described above may proceed without further authorization. I understand the "open door" policy which allows children to come and go as they please. I understand also that the club accepts no responsibility for keeping my child in the building or on the premises except when enrolled in a licensed childcare program. I hereby give permission for a photo of likeness of my child to be used in brochures and other promotional materials produced by the Boys & Girls Clubs of Snohomish County. The photo will not be sold without the express written consent of the parent or legal guardian. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of Snohomish County.

I WILL...

- Demonstrate good sportsmanship to my child by being positive in my comments towards coaches, referees and players on both teams, including using appropriate language.
- Insist on a tobacco, drug and alcohol free environment for my child and refrain from their use at sporting events.
- Consider the effort of my child more important than winning the game. At these young ages skill levels are varied and personal growth needs to be noticed and commented on in order to raise the confidence of each child.
- Recognize that mistakes happen as part of the game. In order to grow in ability children need to try a new skill, often unsuccessfully at first.
- Remember that the referees may be teenagers who will make mistakes in calling the game.
- Provide my child with transportation to games and practices and be on time.
- Take responsibility for all the children (siblings and others) under my supervision during games and practices.
- Read and abide by the Zero Tolerance Policy. (see below)
- **REMEMBER THAT THE GAME IS FOR THE CHILDREN AND NOT FOR THE ADULTS.**

Zero Tolerance Policy

Any person will be banned from Snohomish County Boys & Girls Club activities indefinitely for displaying the following behaviors:

1. Physical violence
2. Use of drugs, alcohol or tobacco on Club or school property
3. Verbal abuse toward anyone

(1) **(a)** Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The centers for disease control and prevention estimates that as many as three million nine hundred thousand sports-related and recreation-related concussions occur in the United States each year. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death are significant when a concussion or head injury is not properly evaluated and managed.

(b) Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occurs without loss of consciousness.

(c) Continuing to play with a concussion or symptoms of head injury leaves the young athlete especially vulnerable to greater injury and even death. The legislature recognizes that, despite having generally recognized return to play standards for concussion and head injury, some affected youth athletes are prematurely returned to play resulting in actual or potential physical injury or death to youth athletes in the state of Washington.

(2) Each school district's board of directors shall work in concert with the Washington interscholastic activities association to develop the guidelines and other pertinent information and forms to inform and educate coaches, youth athletes, and their parents and/or guardians of the nature and risk of concussion and head injury including continuing to play after concussion or head injury. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the youth athlete and the athlete's parent and/or guardian prior to the youth athlete's initiating practice or competition.

(3) A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time.

(4) A youth athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider. The health care provider may be a volunteer. A volunteer who authorizes a youth athlete to return to play is not liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

(5) This section may be known and cited as the Zackery Lystedt law

Parent/Guardian Signature: _____ **Date:** _____

Annual Membership Registration Form

Any information requested is for our records and for the funding we receive. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. **ALL FIELDS ARE REQUIRED**. Please make sure to fill out this form in its entirety.

Child's Information

Name: _____ Gender: _____

School: _____ Grade: _____ Birthdate: _____ Eligible for Free or Reduced School Lunch: Yes ☐ No ☐

Ethnicity/Race: African American ☐ American Native ☐ Asian ☐ Caucasian ☐ Pacific Islander ☐

Multi-Racial ☐ Other ☐ Also Hispanic/Latino: Yes ☐ No ☐

Primary Parent/Guardian Information

Name: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Place of Employment: _____

Veteran or active member of the U.S. Military? Yes ☐ No ☐ Branch: _____ Dates of Service: _____ to _____

Other Parent/Guardian Information

Name: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Place of Employment: _____

Veteran or active member of the U.S. Military? Yes ☐ No ☐ Branch: _____ Dates of Service: _____ to _____

Household Information

Household Size: _____ Household Type: Both parents ☐ Single Parent (Mother) ☐ Single Parent (Father) ☐ Foster Parents ☐ Guardian/Other ☐

Family Annual Income: $0 to $19,999 ☐ $20,000 to $29,999 ☐ $30,000 to $39,999 ☐ $40,000 to $50,400 ☐ $50,401 to $64,800 ☐

$64,801 to $72,000 ☐ $72,001 to $77,800 ☐ $77,801 to $83,550 ☐ $83,551 to $95,000 ☐ $95,051 and above ☐

Medical Information

Physician: _____ Physician Phone: _____

Medications: _____

Allergies/Medical Concerns: _____

Emergency Contacts

First/ Last Name: _____ Relation to Child: _____ Phone: _____ Home ☐ Mobile ☐

First/ Last Name: _____ Relation to Child: _____ Phone: _____ Home ☐ Mobile ☐

Terms & Conditions: I declare that I am the parent or legal guardian of the minor listed above. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in the Boys & Girls Clubs activities. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached, I hereby authorize his/her athletic supervisor, coach or any other Boys & Girls Clubs employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone number. In case I cannot be reached for an emergency medical treatment as described above, you may proceed without further authorization. **I understand that the Boys & Girls Clubs provide only a secondary Health Insurance coverage. I understand the "open door" policy which allows for children to come and go as they desire. I understand also that the Club accepts no responsibility for keeping my child in the building or on the premises, except when enrolled in a licensed childcare or summer camp program. I hereby give permission for a photo or likeness of my child to be used in brochures and other promotional materials produced by the Boys & Girls Clubs of Snohomish County.** The photo will not be sold without the express written consent of the parent or legal guardian. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of Snohomish County.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Received By: _____ Fee: _____ Paid: _____ On: _____ Input into KidTrax: _____

Membership Type: Full ☐ 100% Scholarship ☐ 75% Scholarship ☐ 50% Scholarship ☐ 25% Scholarship ☐

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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and has significant person-toperson spread. As a result, federal, state, and local governments and federal and state health agencies have recommended social distancing measures and have, in many locations, required ongoing prohibitions on the congregation of groups of people of various sizes.

Boys & Girls Clubs of Snohomish County ("Club") has put in place preventative measures to reduce the spread of COVID-19. These include, but are not limited to, social distancing, wellness monitoring, increased sterilization, required hand-washing. However, the Club **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, attending the Club or Club activities, such as athletics, **could increase** your risk and your child(ren)'s risk of contracting COVID-19 .

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

Parent/Guardian Signature: _____ **Date:** _____

Name of Parent/Guardian: _____

Name of Club Participant(s): _____