

## PARENT AND COACH AGREEMENT

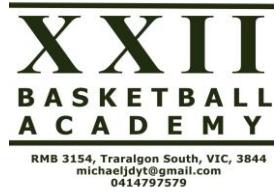
ATHLETE NAME		ATHLETE D.O.B	
ADDRESS			
PARENT NAME		PARENT PHONE	
PARENT ADDRESS			

I, the parent/caregiver of the above named athlete, give my consent for the following:

- That XXIIBA may take photographs and/or videos of my child's training sessions and/or games for instructional purposes, in accordance with XXIIBA's Child Safety Policy.
- That XXIIBA may use my child's image for promotional purposes, including but not limited to social media posts and the XXIIBA website.
- That all online/electronic communication between my child and XXIIBA employees will include myself as parent/caregiver, such as a Group Message that includes my child, my parent/caregiver and an XXIIBA employee.
- That training sessions may involve one-to-one unsupervised contact between my child and an XXIIBA employee, if I as parent/caregiver choose not to attend every training session.
- That XXIIBA training sessions may involve a mix of basketball activities and/or strength and conditioning activities.

Additionally, I will follow XXIIBA's Parent Code of Conduct, specifically:

- Support my child to adhere to XXIIBA's Athlete Code of Conduct
- Encourage my child to conduct themselves with integrity, honour and grace as a representative of XXIIBA both on and off the court
- Understand that development does not follow a consistent path and results can take time and effort to emerge
- Avoid contradicting the teaching of XXIIBA
- To encourage my child to take their safety and long-term health seriously and as such will support them to implement XXIIBA protocols on warm-up, cool-down and prescribed strength and conditioning activities to the best of my ability.



I acknowledge that potential risks are associated with basketball and related strength and conditioning exercise and that while XXIIBA employees will take all care to avoid such risks they will not be held responsible for any accidents or injuries that occur during or as a result of participation in XXIIBA activities.

I consent to XXIIBA authorising at my expense any medical treatment for my child that is recommended by a medical practitioner and the calling of an ambulance should the XXIIBA employee deem that necessary.

I understand that in the event that my child behaves in a manner that poses a danger to themselves or others, they may be sent home. I understand that if such a decision is made, I will be informed and if I am unable to facilitate their transport home, any costs associated with their return will be my responsibility.

I acknowledge I have read XXIIBA's Child Safety Policy and Basketball Victoria's Child Safety Policy

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ (please print)