

Youth  
Athlete's Name:

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*Cal*  
**Sparks**



## **Player Expectations / Team Rules**

We expect players to always show respect and sportsmanship for all players, coaches, parents and officials.

- Always handle yourself with class and integrity.
- To be prepared, committed, and dedicated to this basketball program.
- Help maintain and promote an up-beat practice tempo.
- Never walk between drills, practice segments or any time while on the court.
- Attend practice / game, be on time and wear appropriate team gear.
- Communicate with the head coach when a player is not going to attend practice or games.
- Take care of and respect all gear, facilities, and equipment.
- Refrain from conduct on and off the court that does not positively represent Cal Sparks South Basketball.

## **Parent Expectation: Parents, one or both, are your best child's role model:**

- Observe proper basketball court etiquette during games and practices, do not instruct from the stands.
- Have your child to practice and games on time.
- Attend your child's games as often as you can.
- Parents are welcome to meet with the head coach to identify any conflicts, excluding team tactics, strategy, rotations or playing time. Items of concern will be listened to and addressed,
- All Issues and concerns will be dealt with in confidence.
- We are available by email, cell phone or appointment.
- 24 Hour advanced notice on all meetings.
- Observe the 24-hour contact rule after games. For best results please wait 24 hours after a game before contacting a coach about issues and concerns.
- Support the Cal Sparks South Basketball Programs.

Mary Rossignol  
Cal Sparks - South

Players Name + (sign):

Parents Name + (sign):



**PARENT RELEASE FORM AND PLAYER INFORMATION**

Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parents Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical condition we should be aware of: \_\_\_\_\_  
Medical Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Emergency Authorization:** I give permission to the medical personnel selected by Cal Sparks South to order X-rays, routine tests for my child in the event I cannot be reached in an emergency. I give permission to the physician selected by the Cal Sparks South to hospitalize, secure treatment for, and to order injection and / or surgery for my child as named on the registration form. I hereby waive and release Cal Sparks South and their employees, Mary Rossignol, and any of their Staff from all liability for any injuries or illness incurred while my child is participating in any sport activity associated with basketball teaching including weight training, stretching, drills, and games. I will be responsible for any medical or other charges in connection with my child's attendance. I know of no mental or physical problem that may affect my child's ability to safely participate in this program.

**Signature of Parent / Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PAYMENT AGREEMENT**

Fees are non-refundable

**\$300.00\*** per month payable on Venmo: @CalSparksSouth

Contract Period: Payment Due on the 1<sup>st</sup> day of each month

\*Developmental Players \$250.00 per month

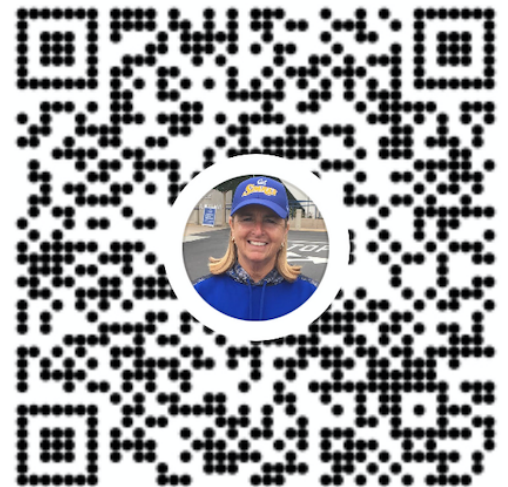
**Fees: Includes:**

- 1. Instruction – Practice Time and Facility Rental
- 2. Tournaments

**Not Included: \$150.00**

- 1. Team Uniforms (logo and number)
  - a. Top
  - b. Short
  - c. Bag

Please visit our Website for Schedules  
[www.CalSparksSouth.com](http://www.CalSparksSouth.com)  
or TeamSnap





**WAIVER OF LIABILITY AND  
INDEMNITY AGREEMENT**

Name of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

School Athlete Attends: \_\_\_\_\_

Name of Association / Club: Cal Sparks - South

Name of Association / Club Supervisor(s): Mary Rossignol

Name of team: Cal Sparks South

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

The undersigned hereby releases, waives, discharges and covenants not to sue Cal Sparks South, the team, employees, members and coaches (hereinafter referred to as "releases") from all liability to the undersigned, their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, while the undersigned participates on this sports association / club athletic team.

The undersigned hereby agrees to indemnify and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned in the athletic program, field trip or excursion, sponsored, planned, and directed by Cal Sparks South.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage while participating in the sport association / club athletic team.

The undersigned further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held, invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Parent / Guardian (print name): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee (print name): Mary Rossignol

Employee Signature: \_\_\_\_\_



## Photo – Media – Web Release

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I (Athlete's name) \_\_\_\_\_ do hereby give Cal Sparks South the right to use my name, picture, portrait, video or photograph in all forms and media and in all manners, including composite or other representations, for use in Cal Sparks South publications, web media site(s), social media and alike.

Athletes Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Please initial) Additionally, I authorize the right to use my name,  
picture, portrait, or photograph on any or all Cal Sparks South web sites.

### MINOR CONSENT

I am the parent and guardian of the minor named above and has the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

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

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

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