

The Mobb 585

Athlete & Parent Contract

Sport:

-

Organization:

-

Age Group:

-

Team:

-

Player's Full Name:

-

Player's Date of Birth:

-

Home Phone Number:

-

Player's Street Address/City/State/Zip

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Player's Agreement: I agree to play with The Mobb 585 basketball team during the upcoming season.

Code of Conduct: As a player, I understand that I must follow these rules to stay in good standing:

1. Respect the game, play fairly and follow its rules and regulations.
2. Show respect for authority to the officials of the game and of the league.
3. Demonstrate good sportsmanship before, during and after the games.
4. Help parents and fans understand the league philosophy so they can watch and enjoy the game.
5. Be courteous to opposing teams and treat all players and coaches with respect.
6. Be modest when successful and be gracious in defeat.
7. Respect the privilege of the use of public facilities.
8. Refrain from the use of drugs, tobacco, alcohol, and abusive language.

Player's Signature: _____

Date Signed: _____

Parent's Pledge: I recognize that parents are the most important role models for their children and that amateur athletics help to develop a sense of teamwork, self worth and sportsmanship. I encourage my child to play by the rules and respect the rights of others. I understand it is important to enforce rules of plays and set conduct standards as necessary components in athletics and life. I will at all times encourage my child to play by the rules, respect the game officials' decisions and not criticize a game official's ruling during or after an athletic contest.

Code of Conduct: As a parent, I agree to abide by the following:

1. Encourage good sportsmanship by demonstrating positive support for all players, coaches, fans and officials at games, practices and other sporting events.
2. Place the well being of my child before a personal desire to win.
3. Advocate a sports environment for my child that is free of drugs, tobacco, alcohol, and abusive language, and refrain from their use during youth sporting events.
4. Encourage my child to play by the rules and respect the rights of other players, coaches, fans and officials.

Parents Permission: I give my permission for my child to play with The Mobb 585 basketball Team and hereby waive any and all claims against The Mobb 585, its employees, or other persons affiliated with the league, from injuries sustained as a participant or while traveling to/from a game.

Player's Signature: _____

Date Signed: _____

Phone Number: _____

The Mobb 585

Photo Release Form

I, _____ (Releasor) located at _____ hereby consent and agree as follows.

I consent and authorize _____ (Releasee), located

At _____ to use my likeness in any photograph video or other digital media ("photos") taken or to be

Taken _____ (Date) during games/practices/tournaments, in any and all of its publications. I also waive any rights for approval or inspection of any photos.

I understand and agree that all photos are the property of _____ (Releasee) and will not be returned to me.

I agree and forever discharge _____ (Releasee) and its affiliates, successors and assigns. Employees, representatives, partners, agents, and anyone claiming through them in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of

action of any nature or kind, known or unknown which I, and anyone claiming on behalf of me, may have or claim to have against The Mobb 585 in connection with this release.

I have carefully read and fully understand all provisions of this photo release and am freely, knowingly and voluntarily signing.

Parent Signature:_____

Date Signed:_____

Registration Fees Cover:

Gym time/space, tournament fees, 3 sets of jerseys home/away/alternate with social media name on the back which the player gets to keep, matching team socks for each jersey, book bag, tracksuit, shooting shirt, and free training on Friday nights for all players.

The Mobb 585

Health Information

Player Name:

-

Home Phone #:

Age & DOB:

Mother's Name: _____

Home Address: _____

Work Address: _____

Phone #: _____

Father's Name: _____

Home Address: _____

Work Address: _____

Phone #: _____

Other Emergency Contact People:

Name: _____

Address: _____

Home #: _____

Relationship: _____

Name: _____

Address: _____

Home #: _____

Relationship: _____

Doctor Name: _____ Telephone: _____

Health Carrier: _____ Policy #: _____

When was your child's last physical examination (xx/xxxx): _____

Check the box if your Kid has ever had the following:

- | | |
|---|---|
| <input type="checkbox"/> Frequent colds or sore throat | <input type="checkbox"/> Chest pain or persistent cough |
| <input type="checkbox"/> Trouble breathing through nose, other than during colds | <input type="checkbox"/> High or low blood pressure |
| <input type="checkbox"/> Asthma or shortness of breath after exercise | <input type="checkbox"/> Frequent upset stomach, heartburn, indigestion, peptic ulcer |
| <input type="checkbox"/> Spells of fast, irregular, or pounding heart | <input type="checkbox"/> Belly or backache lasting more than a day or two |
| <input type="checkbox"/> Any kind of "heart trouble" | <input type="checkbox"/> Broken bone, serious sprain or strain, dislocated joint |
| <input type="checkbox"/> Frequent diarrhea or blood in stool | <input type="checkbox"/> Severe or frequent headaches |
| <input type="checkbox"/> Kidney or bladder disease: blood, sugar, or albumin in urine | <input type="checkbox"/> Head injury causing unconsciousness |
| <input type="checkbox"/> Rheumatism, arthritis, or other joint trouble | <input type="checkbox"/> Trouble sleeping, frequent nightmares, sleep walking |
| <input type="checkbox"/> Hay fever or sinus problems | <input type="checkbox"/> Dislike for closed in spaces, large or open places, or high places |
| <input type="checkbox"/> Painful or runny ears, mastoid trouble, broken eardrum | <input type="checkbox"/> Train, sea, air sickness |
| | <input type="checkbox"/> Jaundice or hepatitis |

- Diabetes
- Dizzy spells, fainting spells, or seizures
- Periods of depression
- Any neurological condition

- Recent gain or loss of weight or appetite
- Tuberculosis
- Rheumatic Fever

Additional Questions:

- 1. Any serious accident, injury, illness not mentioned above (describe under "Remarks" giving dates).**

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- 2. List any prescribed medications you are currently taking (for example, insulin).**

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3. List any allergies (food, drug, environmental).

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4. Are you or have you ever been on a special diet?

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-

-

5. Are you under professional care other than for periodic checkups?

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-

-

6. Date of last tetanus shot:

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7. The chaperones may administer the following over-the-counter medications to my child:

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Remarks: (Discuss any other pertinent information that you would like the chaperones to know about your child.)