The Mobb 585

2025 Application Form

(Please Print)

Player's Last Name_____ First Name_____

Home Address_____

City_____ Zip_____

Date of Birth_____ Age _____ Grade in Fall 2025_____

School:_____

Parent Name _____

Cell # _____ Work#_____ Email_____

Parent Name _____

Cell # _____ Work#_____ Email_____

Specify Uniform Size (Please circle)

I would like the following size uniform for my child:

Uniform Jersey Youth S M L XL or Adult S M L XL

Uniform Shorts Youth S M L XL or Adult S M L XL Shoe Size _____

My son _____ has my permission to participate as a member of The Mobb 585 Basketball Team.

Parent Signature _____ Date _____

Athlete Signature _____ Date _____

For Office Use Only: (Parents please do not complete)
Registration Fee:
Pymt Rc'd: _____
Pymt: Cash or Check # _____

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Athlete and Parent Contract

Sport	Organization	Age Group	Team

Player's Last Name	Player's First Name	Date of Birth	Home Telephone

Player's Street Address/City/State/Zip	Name of School

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

Parents 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 play 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.

Parent's Signature	Date Signed	Work Telephone

Located at	

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Photo Release Form

I, _____ (Releasor) located at _____ herby agree and consent 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 to release 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 the provisions of this photo release and am freely, knowingly and voluntarily signing.

_____ _____

Parent Name Date

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, track suit, shooting shirt and free training on Friday nights for all players

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Health and Emergency Contact Information

Player's Name _____ Age _____

DOB _____ Home Telephone _____

Mother's Name _____
Home Address _____
Work Address _____ Work Phone _____

Father's Name _____
Home Address _____
Work Address _____ Work Phone _____

Other Emergency Contact People:

1. Name _____ Address _____
   Home # _____ Wk # _____ Relationship _____

2. Name _____ Address _____
   Home # _____ Wk # _____ Relationship _____

Doctor Name _____ Telephone _____
Health Carrier _____ Policy No. _____

When was your child's last physical examination? Month _____ Year _____

Check the box if your child has, or ever had, any of the following:

	Frequent colds or sore throat		Hay fever or sinus problems
	Trouble breathing through nose, other than during colds		Painful or runny ears, mastoid trouble, broken eardrum
	Asthma or shortness of breath after exercise		Chest pain or persistent cough
	Spells of fast, irregular, or pounding heart		High or low blood pressure
	Any kind of "heart trouble"		Frequent upset stomach, heartburn, indigestion, peptic ulcer
	Frequent diarrhea or blood in stool		Belly or backache lasting more than a day or two
	Kidney or bladder disease: blood, sugar, or albumin in urine		Broken bone, serious sprain or strain, dislocated joint
	Rheumatism, arthritis, or other joint trouble		Severe or frequent headaches

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	Head injury causing unconsciousness		Dizzy spells, fainting spells or seizures
	Trouble sleeping, frequent nightmares, sleep walking		Periods of depression
	Dislike for closed in spaces, large open places or high places		Any neurological condition
	Train, sea, air sickness		Recent gain or loss of weight or appetite
	Jaundice or hepatitis		Tuberculosis
	Diabetes		Rheumatic fever

Health and Emergency Contact Information cont.

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

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

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

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

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

6. Date of last tetanus shot _____

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

_____

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

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I hereby grant permission for any one of the coaches of The Mobb 585 team to act on my behalf regarding any and all medical decisions pertaining to the health and wellbeing of my child,

_____.

Parent Signature _____

Relationship to athlete _____