



# CRUSH BASKETBALL

2021-2022 Travel Basketball 9u-17u

## CHARACTER COUNTS

### **Fairness, Citizenship, Trustworthiness, Respect, Responsibility, Caring**

**Crush Basketball** is a non-profit 501(c) (3), volunteer-based organization that has offered recreational athletic programs for the Antelope Valley's youth since **2004**. Our program emphasizes learning, teamwork, sportsmanship, and fun. Our travel season runs from January through September.

The Crush Basketball organization strongly believes in and teaches that "Character Counts". To this end, we subscribe to the Six Pillars of Character: Fairness, Citizenship, Trustworthiness, Respect, Responsibility, and Caring. We seek to create a positive growth-filled environment where participants will learn the basic fundamentals of the game; but more importantly, they will learn how to be good citizens both on and off the court.

To achieve the goal of creating a positive environment, it is important that everyone involved agree and accept the philosophy that character counts and become personally accountable for their actions. This includes administrators, coaches, volunteers, players, families, friends, and fans. We must all remember that the program is for the benefit of the kids, which is the sole purpose of the Crush Basketball program. Travel basketball is very competitive and, at times, winning becomes the single most important goal for many organizations. CRUSH also believe and teach that winning is important and is one of the reasons that we are a part of the travel circuit. However; we strongly believe that "pursuing victory with honor" is a much higher objective than just winning championships. The most successful youth sports organizations are those who can effectively teach kids to have fun, instill sportsmanship, develop character, and win championships.

Families are an integral part of the program. We need families to get involved and support your child and the organization. We cannot exist and continue to provide worth-while services to our community without the support and participation of the family. We expect parents to support and reinforce the guidelines of the organization. We also expect families to get involved by cheering for all players; this includes CRUSH players and those from the other teams. We win with honor and accept defeat with class and sportsmanship. Another important aspect of family participation is helping to fundraise for the organization, paying dues, and other financial obligations in a timely manner, volunteering at CRUSH sponsored tournaments, coaching, becoming a team representative, etc. Through our collective efforts, we can achieve the goals of the organization and set the standard for all youth organizations to emulate.

### **REGISTRATION AND FEES**

Membership dues for the travel team program will be payable on or before the listed due dates. Registration fees help to support the travel teams and administrative costs, (i.e., insurance, facilities, vehicles, supplies, etc.). Fees for an average of 6-8 monthly games one (1) monthly tournament are included in the fees (except for long distance tournaments where hotel accommodation and transportation is needed). Additional tournaments will be charged separately along with hotel and transportation. Family rates are available. This year, we will be accepting payments through [PAYPAL \(CRUSHBASKETBALL@YAHOO.COM\)](mailto:CRUSHBASKETBALL@YAHOO.COM) **PLEASE USE FRIENDS AND FAMILY TO AVOID CHARGES** Go to our website to download the registration packet at [www.crushbasketball.org](http://www.crushbasketball.org).



## **PROGRAM OUTLINE**

As noted above, the travel team program requires a commitment from all involved. All schedules are tentative and subject to change at the discretion of the program. All planned events will be posted on the web site. The program shall consist of more than just playing basketball. Tutoring, mentoring, community outreach, volunteerism, and fundraising are a few of the activities being planned. Specifically, the following will be included with membership in the program:

- **Placement on a team**
- **100% Commitment from Participants and Parents**
- **Partial Annual Non-Refundable Registration Fee-\$250.00- Includes new uniform & first month Practice. Due first day of sign up**
- **Weekly practices**
- **Help with academic achievement**
- **Opportunity to participate in elite tournaments throughout California and surrounding states**
- **Meet new friends**
- **HAVE FUN!!!**

Additionally, if fundraising efforts and/or business sponsorships are successful, we will attempt to contribute towards other accessories, additional tournaments, etc.

## **PARENTAL SUPPORT**

Crush Basketball greatly appreciates the support and participation of all family members and friends and would like to encourage your continued support in the next year. If you are interested in volunteering your services, please contact Charles Rowley, Assistant Director, to sign up and to inform us of any special talents you may have that would be beneficial to our program. Some of the areas that we need help in include team chaperoning, transportation, tournament helpers, fundraising organizers, sponsorship organizers, team statisticians, website administrators, etc.

## **SPONSORSHIPS**

In addition to fundraisers, CRUSH will also attempt to obtain sponsorships from local businesses within our community and surrounding areas. As an incentive, we will credit 20% of individual sponsorships raised to that player's membership dues. For example, if a player or parent obtains a sponsorship of \$1,000, \$200 will be credited toward the player's membership dues.

Sincerely,

Mario Bates Director



**Crush Basketball Registration/Application**

Player's Name \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Years in organized Basketball \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address \_\_\_\_\_

Team Gear	Small	Med	LG	XL, XXL	Women's Sm, Med, Lg, XL	Men's Sm, Med, Large, XL, XXL- \$2.00 Additional charge
Jersey						
Shorts						
Shooting Shirt- \$20						
Backpack-No Size Needed						

**FUNDRAISER AGREEMENT**

I (we), the undersigned parent(s) and/or guardian of \_\_\_\_\_  
PRINT CHILD'S NAME

Agree to assist my child in the CRUSH Travel Basketball Program fundraisers as part of my child's participation in the program.  
I agree to pay an "opt-out" Fee of \$75.00 for any fundraising event that I (we) do not participate in.  
**INITIAL** \_\_\_\_\_ **Date** \_\_\_\_\_

**REFUND POLICY**

**THERE ARE NO REFUNDS** once uniforms and/or travel gear have been ordered. **INITIAL** \_\_\_\_\_ **Date** \_\_\_\_\_

**ALL APPLICATIONS MUST BE COMPLETED AND ACCOMPANIED BY THE APPROPRIATE FEES, PHOTO ID, A COPY OF THE PLAYERS BIRTH CERTIFICATE AND LAST PROGRESS REPORT/REPORT CARD**



## CRUSH BASKETBALL PARTICIPANT RELEASE AGREEMENT

Full Name: \_\_\_\_\_

**BOTH** applicant, participant and parent/guardian (UNDERSIGNED) must read carefully, initial on lines following each paragraph and sign at the bottom.

**Notice:** Undersigned is fully aware that basketball (ACTIVITY) as taught and sponsored by Crush Basketball (ORGANIZATION) is a contact sport and that participating in among other events, practices, games, tournaments and camps for this sport will be a dangerous activity involving a great risk of injury. Activity also includes non-basketball related events. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**Risks Assumed:** Undersigned understands that the dangers and risks of learning, competing in or practicing for the activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other parts of the muscular skeletal system, and serious injury or impairment to other parts of the body, general health and wellbeing. Undersigned understands that the dangers and risks of contests or practicing for the activity may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Undersigned understands that he or she assumes risk of injury by participating in Organizations program.

**Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**Hold Harmless:** In consideration or permitting Undersigned to take instruction and to engage in all activities related to the Organization's program, including but not limited to trying out, practicing, or competing, Undersigned hereby assumes all the risks associated with such activities and agree to hold harmless the Organization and **Crush Basketball, Lancaster High school, Antelope Valley Union High school District, Saugus High School, William S. Hart High School District, Los Angeles Mission Community College, (LACCD) District**, their employees, agents, representatives, coaches and volunteers from any and all liability, actions, cause of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the Organization's program. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**Release of Liability:** The terms hereof shall serve as a release of liability and assumption of risk on the part of the Undersigned and his or her heirs, executor, administrator, assignees, and for all members of my family. Undersigned agree that neither the Organization, nor the employees or volunteers of said Organization shall in any way be held liable for any accident or injury in any way received because of, or while engaged in, or traveling to or from, any activity sponsored by said Organization. Undersigned further agree that neither the Organization nor any of its employees, volunteers or students shall be responsible for the payment of any bills rendered for medical services because of such accidents or injuries. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_



**Health Statement:** Undersigned verifies that participant listed below is in good health and can participate in the activity described above. Initial \_\_\_\_\_ Date \_\_\_\_\_

**Authorization and Consent for Medical Attention:** I/we the undersigned parent, parents or legal guardian of the above-named minor, do hereby authorize in the event of an injury, accident, or illness, Crush Basketball, its coaches, team representatives, directors, officers, agents, and assignees to seek and obtain care and medical treatment as shall be necessary under the circumstances. Initial \_\_\_\_\_ Date \_\_\_\_\_

I/we hereby authorize and direct the above named to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable and rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, of a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any general hospital holding a current license to operate a hospital from the State Department of Public Health or its equivalent. This authorization is effective whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my agents to give This authorization is effective whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my agents to give specific consent to all such diagnosis which in the exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned before rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I also agree that this authorization to treat shall be valid in any state where such treatment is rendered. I also agree that if English is not my first language that I have sought out someone to translate this form to me and agree that by my signature that I have read and understood the document. Initial \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information:**

Preferred Doctor: \_\_\_\_\_

Doctor Phone: \_\_\_\_\_

Family Medical Insurance: \_\_\_\_\_

Group ID or Membership #: \_\_\_\_\_

Name of Participant \_\_\_\_\_ Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Legal guardian \_\_\_\_\_ Signature of Parent/Legal guardian \_\_\_\_\_



E mail \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

**CRUSH BASKETBALL EMERGENCY/MEDICAL INFORMATION**

Player's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

<b>Parent/Guardian/Caregiver</b>  Name:	<b>Emergency Contacts: in case the child listed Becomes ill or is injured and I cannot be contacted, CRUSH has my permission to contact and release my child to the custody of one of the following:</b>		
<b>Home Phone</b>	<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>
<b>Work Phone</b>	<b>1.</b>		
<b>Cell Phone</b>	<b>2.</b>		
<b>E-Mail</b>	<b>3.</b>		

Any physical ailments coaches should be aware of? (Asthma weak ankles, headaches, etc.)

Any medication taken regularly? If yes, please list.

Any medication allergies?

<b>Name of Doctor</b>	<b>Phone</b>
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**Medical History**

- 1. Does the Named Child have any known physical defect or illness which might interfere with his/her participation in Strenuous activity? If so, please explain.
- 2. Does the Named participant have any severe allergies or reactions to food drugs or medicines? Explain.
- 3. Is the Named participant taking any medications or on any special diet or exercise restrictions? If yes, please List specific details. (Name of drugs, dosage, etc.)
- 4. Indicate the date of last TTB (Tetanus, Dip Tox, Booster shot) \_\_\_\_\_
- 5. Are there any emotional/social disabilities that would be helpful for us to be aware of?

**Health Insurance**

Health insurance information: Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_  
Medical Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**Other Information**

Other information leaders should know about the child participant:

\*\*\*\*\*  
I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of Crush Basketball athletes, including any special events/activities described above. In consideration for allowing the participation of the child in these activities, I hereby consent to the Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

\_\_\_\_\_ Signature and Date of Parent or Legal Guardia

\_\_\_\_\_ Signature and Date of Parent or Legal Guardian



## **Crush Basketball Athlete's Eligibility Clearance**

**Parents:** All participants must complete a Physical Evaluation prior to any practices, activities, and /or team events that Crush Basketball may be involved in. The mentioned physical is required by this Organization and is valid for 1 year from the date of examination. Due to serious catastrophic and perhaps fatal injuries that may result from athletic participation. By its very nature, competitive athletics may put players/ participants in situations where accidents may occur. Athletic competition may expose players/ participants to injury which may result from physical exertion and numerous other types of injuries. All participants and parents' must understand and assume the risks involved in such participation and make their choice to participate despite those risks. The obligation of the parents / guardians and the participant in making this choice to participate cannot be overstated. There have been accidents resulting in death, paraplegia, and other serious permanent physical impairments because of athletic competition. Therefore, it is a requirement of **Crush Basketball** that all participating players must have a licensed physician complete and sign an Athletic Eligibility Clearance stating, "The participant was examined and found to be physically fit to engage in sports." **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

### **TO PARENT / GUARDIAN:**

I understand that Crush Basketball Program is not responsible or liable for any athletic injuries. To participate in the above-mentioned Program / Organization, I understand all participants must be examined by a Licensed Physician and insured against athletic injuries.

Parent / Guardian's Name (Print): \_\_\_\_\_

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

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





**PERMISSION– USE OF NAME AND LIKENESS FOR PUBLICITY AND  
DISPLAY OF IMAGES ON THE CRUSH BASKETBALL WEBSITE AND OTHER MEDIA**

By participating voluntarily, and on my own accord in Crush Basketball (“CRUSH BASKETBALL”), I hereby grant CRUSH BASKETBALL, its agents and licensees, and other authorized media including television, radio, and newspapers, unrestricted permission to:

1. Use and re-use my name, photograph, voice, likeness, and biographical information including the use of such information or likeness on television and in any other media for any purpose and for use in publicity and advertising in all media. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_
2. Use, encode, digitize, copy, edit, excerpt, transmit and display on videotape, digital video stream, or any other media form, my participation; **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_
3. Use and re-use my name, voice, photograph, likeness, biographic information, in connection with CRUSH BASKETBALL Website(s); **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

This permission shall apply to all activities in which I participate as part of CRUSH BASKETBALL including its extended or subsequent related activities.

I/we understand that the above information will be distributed to members of the public and media to: publicize the activities of CRUSH BASKETBALL as well as the performance of individual participants; promote CRUSH BASKETBALL as an organization in the sports community; and communicate information to participants and their families the success of CRUSH BASKETBALL. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

I/we understand that the participants name and likeness may be included on the CRUSH BASKETBALL website(s) and that performances may be webcast over the Internet to interested persons of CRUSH BASKETBALL and members of the public at large and may be videotaped and/or digitally captured for later webcast, broadcast and/or transmission. This grant includes without limitation perpetual rights for both internal use and for licensing, sale, or other transfer of the videotapes or digital files to third parties and includes transmission and display over the Internet. This permission is irrevocable and royalty free and I understand that CRUSH BASKETBALL will act in reliance on this permission. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

I/we are the parent/legal guardian of the participant and minor listed on Page One and have the authority to make this agreement on behalf of the participant. A photocopy of this Authorization will have the effect as the original.

Player Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

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



## **Behavior and Discipline Policy**

Behavior and discipline will be handled on a case by case situation. The bottom line is that represent **Crush Basketball**, Your team, parents, coaches, and yourself. We do not tolerate any behavioral or discipline problems in Our program. This is not just with “basketball”, as we expect the same with schooling. As an athlete, you are put on a pedestal and need to ensure you are acting appropriately and respectfully always. Crush standards require you to uphold a “2.0” GPA always. We will expect parent’s involvement in issuing reports/grades as requested and up holding professional conduct. Exhibit the qualities of sportsmanship, proper behavior, and healthy living, and as follows:

- Commitment to the Program
- Respect the integrity and judgement of game officials always.
- Show Respect for my teammates. Opponents, officials, and coaches.
- Refrain from the use of profanity, vulgarity, and other offensive language and gestures.
- Adhere to all Crush Basketball program, policies and procedures.
- Players/Parents Participation is expected to be 100% committed to our program.
- Be loyal to one another and the program
- Attend all scheduled workouts, practices and games
- Performing at the highest level in practice, games, and the classroom.
  
- Conducting one’s self in a manner which will bring honor to our program.
- I will dress in a respectful and appropriate manner when at a team travel event or function.
- Working hard all the time to improve one’s self to make the team better.
- Play fair, play your best, and play for the fun of the game.
- Participate in program fundraisers
- Win with honor, lose with grace
  
- Practice and promote good sportsmanship by one’s actions on and off the court.
- Any use of Use of tobacco, alcohol, and drugs: The use of these products is illegal and using them at any time will not be tolerated. As a program, we believe in being drug free and players who partake in any of these substances will be dismissed via Crush Basketball Program.

**Put the hard work in, on and off the floor and rewards will be Endless.**

By signing below, I have read, understood and agreed to uphold all the guidelines, expectations, and responsibilities outlined in this document as they apply to my child. (**Crush Behavior and Discipline Policy**).

### **PARENT’S ACKNOWLEDGEMENT**

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Players Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Crush Basketball Fee Policy for Upcoming Travel Season Ages: 9u-17u**

Crush Basketball registration help support the travel teams and administrative costs, (i.e., Practice facilities, Tournaments, shootouts, insurance, non -profit status, supplies, etc.). Registration fees will include travel games each month Additional tournaments will be charged separately. This year, we will be accepting payments through [PayPal](#) Go to our website to download the registration packet at [www.crushbasketball.org](http://www.crushbasketball.org).

### **Registration Fees for Ages: 9u-14u**

**Start-up fee \$250 due day 1 (includes first month and new uniform)**

**Monthly Fee of \$95.00**

**Tournament Fees - \$45.00**

**Monthly fees are due on or before the 1st of every month. Note: If the 1<sup>st</sup> falls on a weekend fees are due the next business day. Monthly fees paid after the 5<sup>th</sup> of the month will be considered late and will require a late fee of \$20**

**Start-Up Fee- is required from each travel player- The Start-Up Fee covers 1<sup>st</sup> month, insurance and administrative cost. Any additional scheduled games I.E (2) game shootouts will require an additional fee of \$45.00 per player. Any out of state tournaments including any Vegas tournaments will require an additional fee of \$50 per player in addition to the \$95.00 monthly fee.**

If the payment is not paid in full by the above due dates for any reason, your Player may not be eligible to participate in any scheduled Crush Event/s/ or Conditioning.

All payments are accepted by PayPal only via [CrushBasketball@yahoo.com](mailto:CrushBasketball@yahoo.com)

(There is a 3.15% maintenance fee so please add that amount onto the total due- only for Pay Pal.

Example If Dues are \$50 and the fees for Pay Pal is 3.15% = \$2.36, so the payment amount should be \$52.36).

### **ALL FEES ARE NON REFUNDABLE**

All members are responsible for completing the online registration forms and paying all applicable fees. This will need to be completed prior to any Player participation in CrushBasketball.

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Crush Basketball Uniform Policy

### **Uniforms**

Uniforms are yours and yours to keep. **Crush Basketball** will expect every Uniform to remain clean and free of damage. We ask that our look is always professional and put together. If at any time your personal uniform is deemed un-satisfactory, we will ask that you temporarily use a Loaner Crush Uniform and purchase a replacement Uniform at the current contract price (\$120 Per Uniform) **Uniform Only** within a 1-week timeframe.

By signing below, I have read, understood, and agree to uphold all the guidelines, expectations, and financial responsibility outlined in this document. I acknowledge that I will be responsible for the above stated fees due to any personal damage and/or loss of any Crush Basketball Uniform. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**All Uniforms/ Team Gear fees are final and non-refundable once Crush attire has been ordered.**

Player Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

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



I understand that participating in the Crush Basketball Program involves risks/dangers of serious and permanent bodily injury and death. I hereby release, discharge, hold harmless, and agree not to sue **Mario Bates, Crush Basketball, Lancaster High School, Antelope Valley Union School District**, as well as all their affiliates, officers, employees, coaches, officials, volunteers, agents, sponsors, advertisers, owners/leasers of premises for and from all liability from my participation in the Crush Basketball Program. I the parent certify that the participant is in good health, and has been cleared by a physician and can take part in all physical activities not limited to but including training, practices, Tryouts and competing in tournaments and shootouts. I am aware of all laws, rules, and safety procedures regarding head concussions. If an injury or emergency may occur, I authorize the staff member and/or personnel of **Crush Basketball** to take any action and use the emergency service available at the nearest Hospital if necessary. I understand my personal insurance will be used and Crush All in Basketball will not be liable for any injury or claim filed from personal insurance for any and or all injuries related to said events. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

I further understand that if a practice is cancelled by Crush Basketball due to inclement weather, gym closing, or any other reason, and refund or credit will not be issued. **All fees are final and non-refundable.** I also understand Crush Basketball retains the right to use publicity and advertising, photographs and video taken of the participant's events, practices, trainings and tryouts. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

(OFFICE USE ONLY)

**REGISTRATION PACKET** \_\_\_ **BIRTH CERTIFICATE** \_\_\_ **PICTURE ID** \_\_\_ **REPORT CARD** \_\_\_ **TEAM FEES** \_\_\_

**INITIAL** \_\_\_\_\_



**VAN/TRANSPORTATION AND PERMISSION/WAIVER**

**HIGH SCHOOL PARTICIPANTS ONLY**

**Note: PARENT/GUARDIAN--- IT IS IMPORTANT that you complete the following Transportation Information.**

First Name (please print) \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age: \_\_\_\_\_ DOB \_\_\_\_\_ Medical Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

**Functions and Activities**

It is my understanding that participating in Crush Basketball programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there is certain risk associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**Release of Liability**

By signing the Permission/Waiver Form, the terms hereof shall serve as a release of liability and assumption of risk on the part of the Undersigned and his or her heirs, executor, administrator, assignees, and for all members of my family. Undersigned agree that neither the Organization, nor **Mario Bates, Crush Basketball, Lancaster High School, Antelope Valley Union School District, As** well as all their affiliates, coaches, officials, volunteers, agents, sponsors, advertisers, owners/leasers of premises for and from all liability from my Travel/participation in the Crush Basketball Organization nor any of its employees, volunteers or students or affiliates stated above shall be responsible for the payment of any bills rendered for medical services because of such accidents or injuries received because of, or while engaged in, or traveling to or from, any activity sponsored by said Organization. I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the organizations activities/travel discussed above. I also expressly assume all risks of the child travel and participation in the activities, weather such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and affiliates and agents from any claim that my child may have or that I may have against them because of injury or illness incurred during any traveling to or from, any activity sponsored by said Organization. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, affiliates, coaches, employees, volunteers, or agents stated above. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above me need first aid or emergency medical treatment because of an accident, illness, or health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission for the events professional medical staff to treat any injuries that may arise during any activities. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission to transport the child named above to a medical treatment center in a non-emergency vehicle in a medical emergency. **Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Contacts**

Name of person and telephone numbers to call just in case of emergency

Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_



# CRUSH BASKETBALL

Understand the plan.... It's not just about basketball there's so much more to the process! **STAY INFORMED AND TRUST THE PROCESS....**

## HIGH SCHOOL TIMELINE

### GRADE 9

#### Plan

- Start planning now! Take the right courses and earn the best grades you can.
- Ask your counselor for a list of your high school's NCAA core courses to make sure you take the right classes. Or, find high school's list of NCAA core courses at [eligibilitycenter.org/course list](http://eligibilitycenter.org/course list).

### GRADE 10

#### Register

- Register for a Certification Account or Profile Page with the NCAA Eligibility Center at [eligibilitycenter.org](http://eligibilitycenter.org).
- If you fall behind on courses, don't take shortcuts to catch up. Ask your counselor for help with finding approved courses or programs you can take.

### GRADE 11

#### Study

- Check with your counselor to make sure you are on track to graduate on time. Take the Act or SAT, and make sure we get the scores by using code **9999**
- At the end of the year, ask your counselor to upload your official transcript.

### GRADE 12

#### Graduate

- Take the ACT or SAT again, if necessary, and make sure we get your scores by using Code **9999**
- Request your final amateurism certification after April 1.
- After you graduate, ask your counselor to upload your final official transcript with proof of graduation.



## Test Scores

When you register for the SAT or ACT, use the NCAA Eligibility Center code of 9999 so your scores are sent directly to the Eligibility Center from the testing agency. Test scores on transcripts will not be used in your academic certification.

A combined SAT score is calculated by adding reading and math sub scores. An ACT sum score is calculated by adding English, math, reading and science sub scores. You may take the SAT or ACT an unlimited number of times before you enroll full-time in college. If you take either test more than once, the best sub score from different tests are used to meet initial eligibility requirements.

For more information on initial-eligibility requirements, review the resources below:

- [Division I Initial-Eligibility Quick Reference Sheet](#)
- [Division II Initial-Eligibility Quick Reference Sheet](#)

## Division I Test Score Requirements

Division I use a sliding scale to match SAT/ACT scores and core-course grade-point averages to determine eligibility. The sliding scale balances your test score with your GPA. If you have a low-test score, you need a higher GPA to be eligible. If you have a low GPA, you need a higher test score to be eligible.

## Division II Test Score Requirements

If you enroll full-time at a Division II school, you must meet all academic requirements and earn an SAT or ACT score matching your core-course GPA on the Division II sliding scale to be eligible to compete. The sliding scale will balance your test score with your GPA. If you have a low-test score, you need a higher GPA to be eligible. If you have a low GPA, you need a higher test score to be eligible.





### Division II academic requirements

If you enroll full-time at a Division II school, and you have not met all the Division II academic requirements, you may not compete in your first year. If you meet the requirements to be a partial qualifier, you may practice and receive an athletics scholarship in your first year. To be a partial qualifier, you must graduate high school and meet **ALL** the following requirements:

- Complete 16 core courses.
- Earn at least a 2.0 GPA in your core courses.
- Earn an SAT or ACT score matching your core-course GPA on the Division II sliding scale.
- For any additional information and or concerns please visit [www.ncaa.org/student-athletes/future/test-scores](http://www.ncaa.org/student-athletes/future/test-scores)

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_ Policy# \_\_\_\_\_