



# CRUSH BASKETBALL

2017-18 Travel Basketball High School

## CHARACTER COUNTS

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

### MISSION

Crush Basketball is a non-profit, volunteer-based organization that has offered recreational athletic programs for the Antelope Valley's youth since **2005**. 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 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** 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. Attached is a **tentative** schedule of tournaments/Events that we plan to participate in for the upcoming year. **PLEASE NOTE: Tournaments are subject to change at the discretion of the program.** 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**
- **Uniform**
- **Team Shoe (Optional) Minimum of 10 or more before order can be placed**
- **Backpack- (Players name & Crush Logo embroidered)**
- **Shooting Shirt**
- **Warm-up**
- **Skills Training and development**
- **Weekly practices- Beginning February 1<sup>st</sup>**
- **Help with academic achievement**
- **High School and College preparation- SAT, Advance Placement Testing, Math Tutoring**
- **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 Application/ Registration & Release of Liability Waiver**

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 XXXL	Women's Sm, Med, Lg, XL, XXL	Men's Sm, Med, Large, XL, XXL, XXXL
Jersey						
Shorts						
Shooting Shirt						
Shoes	Size-					
Warmups						
Backpack- <i>No Size Needed</i>						

**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 \_\_\_\_\_**

**REFUND POLICY**

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

**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**

I hereby given approval for the participation of my child in all CRUSH and affiliated associations. I assume all risk and hazards incident to such participation, including transportation to and from said activities. I waive, release, indemnify, and agree to hold harmless the CRUSH and affiliated associations, leagues, the organizers, supervisors, officers, directors, participants, and persons or parents transporting participants to or from such activities from any claims arising out of injury to my child. My signature hereby constitutes my knowledge that a risk of accidental injury may result from participation in this recreation activity.



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 **Crush Basketball, Palmdale Unified School District, Antelope Valley Union School District and Westside 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, and games. 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 Basketball will not be liable for any injury or claim filed from personal insurance for any and or all injuries related to said events.

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 and practices.

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

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

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**DO NOT WRITE BELOW THIS LINE**

(OFFICE USE ONLY)

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

INITIAL \_\_\_\_\_



**CRUSH BASKETBALL TEAM PLAYER 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 followings:</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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## **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."

### **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: \_\_\_\_\_



**release to use Image and Likeness**

On occasion, the Crush Basketball or its representatives takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. Local news organizations may hear of our activities or events,

and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. In addition, such photographs and audiovisual recordings may be used in publications or advertising materials to let others know about our program/activities. These images may also be used by Crush Basketball or its agents to produce Basketball resources for staff training, Camps or other uses to promote the Crush Basketball. Crush Basketball may also make these materials available for sale to the public.

**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:

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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



## **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 upholding professional conduct. Exhibit the qualities of sportsmanship, proper behavior, and healthy living, and as follows:

- 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.
- 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
- Be loyal to one another and the program
- Attend all scheduled workouts, practices and games
- 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 High School Travel Season:**

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 (except for long distance tournaments where hotel accommodation and transportation are needed). 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).

**“Under no circumstance will Crush Basketball be responsible for fees related to Food and/or Travel Expenses.”**

**Registration Fees as of November 30<sup>th</sup> for High School- \$500.00- Due on or before November 30**

**Fees Includes:**

**Registration Fees**

**Uniform**

**Backpack**

**Shooting Shirt**

**Warm-up**

**Monthly fees are due on March 1, 2019 Monthly fees are due on the 1<sup>st</sup> of every month starting March 1<sup>st</sup>.**

**Note: If the 1<sup>st</sup> falls on a weekend fees are due the next business day**

**Participants monthly fee \$75.00 Per Child**

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 check, money order, cash, and online at [www.CrushBasketball.org](http://www.CrushBasketball.org) website via PayPal (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 Crush Basketball.

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



## **Crush Basketball Uniform Policy**

### **Team Gear:**

Team Gear/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) 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.

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

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

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

**VAN/TRANSPORTATION AND PERMISSION/WAIVER FORM**  
**HIGH SCHOOL PARTICIPANTS ONLY**

**Note: PARENT/GUARDIAN--- IT IS IMPORTANT That you complete the following Health Record.**

Name of Child/Student (please print) \_\_\_\_\_

Address \_\_\_\_\_

Age of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Academic Grade \_\_\_\_\_ Current School \_\_\_\_\_

**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.

**Release of Liability**

By signing the Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating 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 agents from any claim that my child may have or that I may have against them because of injury or illness incurred during participation in the activities. 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, employees, volunteers, or agents.

I further agree to indemnify and hold harmless this organization and its leaders. Employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or because of injury or illness of my child during such activities.

**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.

I give permission for the events professional medical staff to treat any injuries that may arise during any activities.

I give permission to transport the child named above to a medical treatment center in a non-emergency vehicle in a medical emergency.

**Emergency Contacts**

Name of persona and telephone numbers to call just in case of emergency:

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

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

Other \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_