

Still I Rise Basketball Registration Form

Athlete's Name:				
Birthday: Month:	Day:	Year:	Age:	Grade in current year
School attending:				
Home Address:				
Parent(s) Name(s):				Relation:
Parent(s) Name(s):				Relation:
Mother's Cell:			Father's Ce	ll:
Mother's Email:			Father's Em	ail:
Player's Cell:		[Player's Email: _	

Still I Rise (SIR) Medical Waiver and Release Form

ATHLETE WAIVER/RELEASE FORM ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any Still I Rise (SIR) activity ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin: 1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. 2. FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity. 3.

HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Still I Rise (SIR) (AAU), in Dallas, Texas, including its parent company and related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, and the AAU's Associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by the AAU, (each considered one of the "RELEASES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Release's, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

Agreement to Participate

I, or we, grant to the Directors, Assistants, or assigned chaperons of this event to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child(ren) route to or from or at the site of AAU event or hospital or other medical facility. I understand that should a health emergency arise, I will attempt to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I hereby state that to the best of my knowledge the following information is complete: PERSONAL PHYSICIAN'S NAME: PHONE:

I am presently taking the following medication or pills:

I am allergic to the following (medicine, bee/insect stings, other): I hereby authorize the AAU to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in this AAU event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event, nor will I receive any payment for the possible commercial use of my name or likeness. INSURANCE: AAU membership provides excess medical insurance for any member athlete participating in an AAU-sanctioned practice or event. If the athlete has other medical coverage, theirs will be applied first, followed by AAU insurance. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. PRINTED NAME OF **PARTICIPANT**: _____ PHONE: _____ PARTICIPANT'S SIGNATURE (only if age 18 or over): ______ DATE: _____

MINOR RELEASE: I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN : _			
ADDRESS: (Street)	(City)	(State)	(Zip)
PHONE:	DATE:		
PARENT/GUARDIAN SIGNATURE (only if the	e participant is under the age of 18):		
TEAM NAME			

Team Sir Basketball – AAU Basketball

Parent Code of Conduct

- Parents are expected to get their son/daughter to practice and games on time.
- Support your son/daughter by attending games when possible. Please encourage and support your child in their journey.
- Be supportive of the coaches and players.
- Be respectful of officials and other team fans.
 - As an organization, Team SIR has zero tolerance for abusive language and excessive negative remarks towards officials, opposing team parents, players, and fans.
- Please refrain from "sideline coaching". Our coaching staff has many years combined of both playing and coaching which we feel makes them qualified to coach. Cheer all you want from the stands, but please do not coach from them. If you would like to volunteer to coach you may reach out to the Team SIR board of directors for more information..
- 24-Hour Rule: Please wait 24 hours before contacting your child's coach after a tournament regarding any questions about tournament play. We understand that sometimes coaches, players, and parents make mistakes. Allowing 24 hours to pass before addressing a situation will allow for more effective communication and resolution due to the absence of emotions you may feel in the heat of the moment.
- Please try to refrain from undermining your child's coach on the car ride home, after games, or in conversations with your players. Passive aggressive statements such as "Your coaches don't know what they are doing" and "you need more playing time" are not helpful to the relationship building with your child and their coach. We also want to make sure that there is a respectful line of communication between player and coach. This type of talk enables your child to have a poor attitude and make excuses.
- Hold your child accountable for all player expectations. It is Team SIR's mission to not only improve your child as a basketball player but also to help them become confident, respectful, and overall productive citizens.
- Remember that you represent your family, community & Team SIR basketball at all times!

Team SIR Basketball- AAU Basketball Player Guidelines and expectations.

- Do your best in practice and games: always give 100% to your coach, team, and yourself.
- Work every day to get better. Focus on fundamentals dribbling, passing, shooting, footwork, defending and rebounding. This will make you better and should be worked on outside of practice and games.
- Stay focused during practice and games.
- Communicate directly and respectfully with your coach. Do not be afraid to ask to speak with your coach privately to ask any questions or share concerns or confusion.

- Always display a positive attitude, on & off the court; this includes your body language on the bench.
- Cheer on your teammates whether you are on the court or the bench.
- Always be a good sport at practice and during games; win or lose.
- Be respectful to the officials; If an official says something to you that can be deemed disrespectful, please notify your coach immediately so the proper steps can be taken.
- Do not get discouraged when you make a mistake, learn from the mistake, and remain positive and open to receiving instruction and feedback from your coach, official, or teammate.
- Work hard off the court. AAU basketball is a privilege!
 - School is your priority! If your grades or effort at school is not meeting your parents' or teachers' expectations, this could affect your playing time at a game.
 - Stay out of trouble- Make good choices at school, home, and in public. Any
 misconduct of fighting, being disrespectful of people or property, and anything
 that your parents deem punishable will affect your playing time at a game.
- Always remember you represent your family, your community, and Team SIR Basketball always!
- Always remember BASKETBALL IS FUN!

Violation of Guidelines/ Expectations

All Parents, Players & Spectators will be held accountable to the signed guidelines and expectations. Any violation of these guidelines/expectations will result in the following:

Parents:

1st offense: Verbal Warning- we will provide a verbal reminder of the guidelines and expectations you signed.

2nd offense: Written warning- you will be provided notice in written format of the guidelines and expectations you signed.

3rd offense: Team SIR board review meeting- the board will request a meeting with parent(s) to counsel on the expectations of the Team SIR organization before returning to the next practice or game.

4th offense: Removal from the team- Constant violations of guidelines and expectations will result in parent and player removal from the team.

Player:

Date

1st offense: Verbal Warning- we will provide a verbal reminder of the guidelines and expectations you signed.

2nd offense: Written warning- you and your parents will be provided notice in written format of the guidelines and expectations you signed.

3rd offense: Player/Parent and Coach meeting- The Coach will request a meeting with parent(s) & Player to counsel on the expectations of the Team SIR organization before returning to the next practice or game.

4th offense: Removal from the team- Constant violations of guidelines and expectations will result in parent and player removal from the team.

By signing this document, I agree to follow the above guidelines/expectations and

I acknowledge the consequences if I do not follow them and am subject to the

action of the Team SIR board.	
Print Name (Parent)	Print Name (Player)
Signature (Parent)	Signature (Player)

Team SIR Basketball Player Fee Spring/Summer 2025

\$200 Registration Fee due 1st Monday after tryouts

(Credit, Cash, Cash App or Zelle)

Installment Option: \$200 registration fee due 1st Monday after tryouts

\$175.00 due March 28, 2025

\$175.00 due April 15, 2025

\$175 due May 15, 2025

\$175 due June 15, 2025

Player Fee Breakdown \$200 Registration Fee

Registration fee covers uniform rental and maintenance, team membership and other miscellaneous expenses that may arise. Uniforms will be collected at the end of each tournament day. There will be a \$75 replacement fee for any lost or damaged uniforms.

Practice and Training Schedule TBD

Player fee DO NOT include travel expenses

Player Cost: \$900

- \$200 Down payment is due the 1st Monday after tryouts. Then \$175 per month until paid in full.
- Jersey's will be turned in after every game to be washed and to insure items are not lost.
- Hotels will be \$40 per person if we have at least 3 players to a room; 2 players per room will be \$65 per player.
- Fundraisers are mandatory for all players to mitigate costs.
- All fees and payments are non-refundable as this is a binding contract.
- All players will receive positive feedback in an effort to build up their confidence and skills as well as to provide the best coaching and relationship building for the players in the SIR program.
- We accept any outside donations and sponsorships as all donations are tax deductible per our 501c3.

Player Fees

- Player fees cover court rental fees, training fees, equipment fees, uniform fees, tournament fees, and any other miscellaneous fee the team incurs throughout the course of the season.
- Player registration fee is due the Monday after the final team tryout session. You may pay the remaining balance upfront or may follow the installment payment plan listed above.
- Player Fees must be received no later than the 15th of each month. If payment is not received by the 15th of the month Player will not be permitted to practice or participate in tournaments until full payment is received. If you are unable to make payment you must inform our board in writing 7 days before the due date.

Refund Policy

NO refunds will be granted after a player has committed to the team/season.

Injury Refund: In the event that a player sustains a "season ending injury" and cannot physically return at any point the rest of the season, a refund will be considered based on the amount of time the player was physically able to participate in the season. A doctor's evaluation may be requested. If a player is injured but is physically cleared to return to play; the injury refund will not apply.

Any payment concerns or disputes must be made in writing to the Still I Rise Board of Directors

There is no refund for quitting the team at any point during the season

Print Name (Parent)	Print Name (Player)
Signature (Parent)	Signature (Player)
 Date	

Financial Assistance

Team SIR and its affiliates want to make summer basketball an option for every player. To support our players who may experience economic hardships Team SIR will offer financial assistance (based on availability of funds) to players and families in need. While we wish to be able to help all players, financial assistance will be viewed on a case-by-case basis. Please note that the family will be responsible for a percentage of the total cost.

To qualify for assistance:

- 1. The player must participate in all scheduled fundraising events.
- 2. Family must provide a copy of the previous year's W-2 information.
- 3. The most recent copy of the player's report card.

***Please be aware that everyone is responsible for a \$200 deposit that will cover the cost of registration. Financial assistance will NOT be applied to this fee. ***

The deadline to apply for financial assistance is

