**CBG- Citadel Basketball Group Registration Form**

**(Please circle one of the following)**

**Gender: Male or Female**

Parent / Guardian Names

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wk. Phone: \_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, St Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wk. Phone: \_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, St Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Age: \_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_

Short Size: \_\_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Player Uniform Number: \_\_\_\_\_\_

I acknowledge, agree that I understand the nature of the Activity and that I am/the minor is qualified, in good health, and in proper physical condition to participate in such Activity. I fully accept and assume all risks and all responsibility for losses, costs, and damages I incur/the minor incurs as a result of my/the minor’s participation in the Activity. I hereby release, and forever discharge and covenant not to sue the CBG- Citadel Basketball Group and affiliates from all liability, claims, demands, losses or damages on my/the minor’s account caused in whole or in part by the action, inaction or negligence of the CBG- Citadel Basketball Group.

Printed Name of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CBG- Citadel Basketball Group Medical and Liability Release**

Emergency Authorization Consent to Treatment of a Minor:

I (we) the undersigned, parent(s) or legal guardian(s) of the below named CBG Player, a minor child, hereby authorize CBG and its representatives, agents or assignees to include Coaches, Assistant Coaches, Parents of Team members, acting in the capacity of supervisor/vehicle drivers, as my agents, and consent to medical, surgical or dental examination and/or treatment when neither the parents, guardian or designated family physician can be contacted. In case of sudden illness, accident, injury or other emergency which may occur while said minor is engaged in an activity supervised by the CBG, I hereby authorize treatment and/or care at any hospital for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State Code.

Waiver of Liability and Disclaimer:

I (we) the parent(s) or guardian(s) of said minor, hereby consent and agree to release, indemnify, and hold harmless CBG, its Coaches and representatives from any claim arising out of injuries or conditions caused or aggravated by my refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise. I give permission for the below named CBG in my custody to participate in the above mentioned activity and hereby waive, release and discharge any and all claims or rights for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of said minor's participation in said activity. This release is intended to discharge in advance the promoter, sponsors, CBG, the officials, and any involved municipalities or other public entities (and their respective agents and employees), from and against any liability arising out of or connected in any way with said minor's participation in said activity, even though the liability may arise out of negligence or carelessness on the part of the person(s) or entities mentioned above. I further understand that serious accidents occasionally occur during said activity, and participants in such activity occasionally sustain serious or even mortal personal injuries, and/or property damage, as a consequence thereof. Knowing the risks of said activity, nevertheless, on behalf of the CBG, a minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above, through negligence or carelessness, might otherwise be liable to me, or my heirs or assignees of damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs or assignees.

Acknowledgment and Consent:

For both internal and external use, I acknowledge that CBG may compile mailing addresses and may utilize basketball photographs of the below named CBG, the subject a minor child. I hereby consent to such uses and hereby waive all rights to compensation.

SIGNATURE Father or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE Mother or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

**Medical Allergies or Limitations:**

Please list any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart conditions, history of respiratory illness or any other medical conditions below:

Allergies: None yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthmatic Condition: No Yes Does your child use an inhaler No / Yes

Hospitalization: No / Yes, explain & indicate date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disabilities or Limitations: None yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT Player Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_ Date of Birth\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

SIGNATURE Father or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

SIGNATURE Mother or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Expectations & Agreement**

I certify that as a CBG-Citadel Basketball Group Parent:

1. I will promote a positive attitude towards all youth, parents, and coaches in the CBG-Citadel Basketball Group Organization.

2. I will volunteer my time to assist and support the CBG-Citadel Basketball Group Organization.

3. I will do my best to provide positive support for the CBG-Citadel Basketball Group Organization at games, practices, and in the community.

4. I will lead, by example, in demonstrating a great attitude and good sportsmanship to all players, officials and coaches.

5. I will participate in at least 2 educational and/or service related programs with the CBG-Citadel Basketball Group Organization this season.

6. I will remember that I am a parent and role model supporting my child and that the game is for the children and not the adults.

7. Support your child and attend as many games as possible.

8. Avoid putting pressure on your child to start, score, or be the star of the team.

9. Support the coach in public around other parents and fans.

10. Avoid speaking negatively about the coach in front of your child. It may create a major barrier in the child’s hope for improvement in the sport.

11. Understand the purpose of athletics. It exists as an integral part of developing character and an educational mission. Participation in athletics is a privilege not a right.

12. Serve as a good role model for the students, athletes, and other fans. This will help show your character and emphasis how important character is.

13. Appreciate the educational opportunity that your child is receiving in the program the enormous time provided by the coaches and volunteers to make the program work.

14. Talk to the coach if you have a concern with the program.

15. Avoid disparaging comments about any player on the team. If you don’t have something good to say, keep it to yourself.

16. Express concerns and questions in a courteous, civil manner and at the right/proper time.

17. Understand that the goals of the team and CBG-Citadel Basketball Group Program are built around the team concept not your child.

18. Avoid constant and chronic complaining.

“YOUNG PEOPLE NEED MODELS, NOT CRITICS” JOHN WOODEN.

Parents are always welcome to attend and watch practices sessions, but please make sure that your child is focused on the coaching staff and not distracted by their parents. I understand that as a parent in the CBG-Citadel Basketball Group Organization that I am called upon to model effective and appropriate behavior at all times. I agree to not only lead by example, but to encourage my child and other youth to embrace competition while maintaining a high standard of integrity.

My signature below certifies that all of the information on this application is accurate and that I agree to its terms. I further understand that any violation of these rules will result in disciplinary action against me as the parent and/or my child (player). Disciplinary action may include a verbal warning and/or up to dismissal from the team with **NO REFUNDS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

**CBG-Citadel Basketball Group Organization Fees**

Welcome to the 2022 season of travel basketball.

Player will receive the following as a fully paid member of the team:

\* 1 CBG-Citadel Basketball Group Reversible Uniform

(Personalized Reversible CBG Game Uniform-Last Name on Uniform and Requested #)

\* 1 CBG-Citadel Basketball Group Shooting Shirt

\* 1 CBG-Citadel Basketball Group BackPack

\* Player participation in a minimum of 8 tournaments

\* Personalized Reversible CBG Game Uniforms (Last Name on Uniform and Requested #, if available)

\* Player Instruction & Skill Development

\*\*Price: $575 per player\*\*