

2012 HOPKINS ROYALS BOYS BASKETBALL ASSOCIATION

GRADES 9-12 SOUTHWEST RECREATIONAL LEAGUE REGISTRATION FORM

PLAYER INFORMATION:

Name:		School in Fall 2011:		Grade in Fall 2011:
Address:		City:		Zip:
Phone:	Date of Birth:	Height:	Weight:	
Parent/Guardian Name:		Parent/Guardian Name:		
Additional Phone, if different than above:		Additional Phone, if different than above:		
Email:		Email:		
EMERGENCY CONTACT:				Phone:

Conflicts—Please list any known conflicts with playing games on Friday nights and Sunday afternoons. Such as jobs, vacations, school events, other activities, etc.

If possible I would like to be on a team with:

1 _____ 2) _____

Please note we will try to accommodate "friend" requests, but cannot guarantee such requests.

Practice schedule: Practices will be assigned by grade after the teams are assembled. Plan for Saturday afternoons each week for 1 hour.

Coach / Co-Coach Candidates:
 If a parent or older sibling is interested in being a volunteer coach please indicate below and contact Rick Bloomfield at 612/237-6513 or rickb@basales.com
 _____ ***I am interested in being a volunteer coach***



PARENT AGREEMENT:

- I/we the undersigned parent or guardian of the above player, hereby give approval for his participation in any and all of the activities of the Hopkins Royals Boys Basketball Association (HRBBA) including but not limited to try-outs, practices and tournament play. I/we assume all risks and indemnify and hold harmless the HRBBA and its organizers, sponsors, coaches and supervisors.
- I/we hereby agree to indemnify and hold HRBBA, its organizers, sponsors, coaches, supervisors and/or participants harmless for any claim of liability for injuries or loss both during and to/from practices, games or tournaments. I/we have adequate insurance or will be personally responsible for all medical expenses incurred.
- I/we agree that if a serious injury or illness occurs, my child will have a physician's signed statement for continued participation.
- I/we will take responsibility for providing or securing transportation of my child to practices, games and tournaments.
- I/we agree to cover the expense of uniform replacement in the case of loss or damage.
- I/we will demonstrate a positive attitude and good sportsmanship skills and show respect towards coaches, players, spectators and officials.

SIGNED:

DATE:

SIGNED:

DATE:



PLAYER AGREEMENT:

- I will abide by the HRBBA Drug Policy that states that during the basketball season, regardless of quantity, a player shall not possess, consume, buy, sell or distribute (1) alcohol, (2) tobacco or (3) any controlled substance. Violation of this policy is grounds for removal from the program.
- I will attend all practices, games and tournaments or notify my coach in advance of any absences.
- I will demonstrate a positive attitude and good sportsmanship skills and show respect towards my coaches, teammates, opponents and officials.

SIGNED:

DATE:

Mail this form along with your check (\$150.00 payable to HRBBA) by December 5, 2011, to:

Rick Bloomfield
 8700 West 36th Street # 201W
 Minneapolis, MN 55426
 612/237-6513
rickb@basales.com

www.hrbbabasketball.net