

2009-2010 HOPKINS ROYALS BOYS BASKETBALL
ASSOCIATION

GRADES 9-12 SOUTHWEST RECREATIONAL LEAGUE REGISTRATION FORM

PLAYER INFORMATION:

Name:		School in Fall 2009:		Grade in Fall 2009:
Address:		City:		Zip:
Home Phone:	Date of Birth:	Height:	Weight:	Jersey Size:
Parent/Guardian Name:		Parent/Guardian Name:		
Home Phone, if different than above:		Home Phone, if different than above:		
Email:		Email:		
EMERGENCY CONTACT:				Phone:

Conflicts—Please list any known conflicts with playing games on Sunday afternoons. Such as jobs, vacations, school events, other activities, etc. This will be used during team selections. **There will be an on-court evaluation Sunday, 12/6 from 12:00 – 2:00 pm at Lindbergh** to help build balanced teams.

Practice schedule: Practices will be assigned by grade after the teams are assembled. Plan for Saturday morning/afternoon 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 Tom Ruble at 763/525-1029 or thomasruble@hotmail.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 (\$140.00 payable to HRBBA) by December 1, to:

Tom Ruble
7156 Harold Ave N
Golden Valley, MN 55427
763/525-1029
thomasruble@hotmail.com

www.hrbbabasketball.net

Scholarships

As in the past we will be offering scholarships to those with significant financial need. Our goal is to make sure that financial concerns do not prevent any boys in our community from being involved in basketball at some level. We expect that demand for scholarships will increase based on the current economic challenges we face. However, the HRBBA has limited financial resources. During the registration process, we offer the opportunity to make a scholarship donation to those with the interest and financial resources to do so. For the 2009 - 2010 season, the Southwest program we will require a minimum payment of \$40 from all participants and scholarships may be available to cover the balance of the fee (as needed).