Hoopa Recreation 2027 K - 6th Youth Basketball Registration form

Please complete all areas, or application will be denied.

Child's Name_____
Male_____ Female_____

Please answer the following questions. Answers are important in helping us create equal and balanced teams.

What is your Childs grade? _____

What is your Childs School? _____

What is your Childs height? _____

T-Shirt size: (please circle one)

Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large

Please rate your Childs athleticism: (please circle one)

Extremely Athletic	Very Athletic	Athletic	Somewhat Athletic	Not Very Athletic

Would you be interested in being the head coach for your Childs team?
Yes_____ No_____

Would you be interested in being the assistant coach for your Childs team?
Yes_____ No_____

If yes, your name: _____ Day phone (____)-____-_____

Team sponsors are needed. Are you interested or know someone?
(Team sponsor's fee of $250 provides team uniforms with sponsors name, and helps offset gymnasium and personnel costs)

Company Name_____ Mailing Address_____
Contact Name_____ Phone Number (_____)-____-_____

Fee: $20 per child.

Complete this form, a Youth Master Registration Form, and the Parent Pledge then submit with payment to the Hoopa Recreation Department, PO Box 1348. These forms must be complete to register. Office Hours Mon-Fri 8am-5pm.

Contact Hoopa Rec. Dept at (530)-625-4211 ext. 133
Registration Deadline: Extended until filled

Hoopa Recreation Youth Basketball Parent Pledge

This is an important document about the upcoming season.
Please take the time to read it carefully.

Please read, initial each item, sign at the bottom, and return to the Hoopa Recreation Department with your Childs basketball registration.

1. I pledge to get my Child to practice and games on time. I understand that it can be embarrassing for my Child to be late and that I may be putting Him/her at risk by not providing adequate time for warm up. I will be on time to pick up my Child from all games and practices. If for whatever reason my Child cannot make it to practice or a game, I will inform my Childs coach so they are aware. This shows respect for the coach and it tells my Child that he/she is my top priority. _____

2. I pledge to use positive encouragement to fill my Childs “Emotional Tank” because athletes do their best when their “Emotional tank” is full. I understand that fewer than 1% of youth sports participants receive college scholarships and that the top three reasons kids play sports are a.) to have fun, b.) to make new friends, and c.) to learn new skills. I understand that the game is for the players, and I will keep sports in the proper perspective. _____

3. I pledge to reinforce the E.L.M. tree of mastery with my Child (E is for Effort, L is for Learning, and M is for bouncing back from Mistakes). Winners are people who make maximum effort, continue to learn and improve, and do not let mistakes, or the fear of making mistakes, stop them. I understand that mistakes are an inevitable part of the game and that people learn from their mistakes. I understand that children are born with different abilities and that the true measure is not how my child compares to others, but how he/she is doing in comparison to his/her best self. _____

4. I pledge to “Honor the game.” I understand the importance of setting a good example for my Child. No matter what others do, I will show respect for all involved in the game including coaches, players, opponents, opposing fans, and officials. I understand that officials are human and make mistakes. If the official makes a “bad” call against my team, I will “Honor the Game” and be silent! _____

5. I pledge to refrain from yelling out instructions to my Child. I understand that this is the coach’s job. I understand that games are chaotic times for trying to deal with fast-paced action and respond to opponents, teammates, and coaches. I will limit my comments during the game to encourage my child and other players for both teams. _____

6. I pledge to refrain from making negative comments about my child’s coach in my Child’s presence. I understand that this plants a negative seed in my Child’s head that can negatively influence my Child’s motivation and overall experience. _____

I, _____ will honor the Hoopa Recreation Youth Basketball Parent Pledge in my words and actions.

_____ _____

Parent signature Player Name(s)

Hoopa Recreation Department

P.O. Box 1348 Hoopa, CA 95546 Phone: (530)-625-4211 Ext. 133
Email: lnker.hvt.campground@gmail.com

YOUTH MASTER REGISTRATION FORM – CONSENT RELEASE AND WAIVER OF LIABILITY

One form per child

Child's Full Name (First Middle Last) _____

☐ Male ☐ Female Child's Date of birth ___/___/____ Age _____ Grade ____

Please list and explain any physical, medical, or mental conditions/limitations your child may have: _____
_____
_____
_____

For emergency situations, please list all medications your child may be taking:
_____
_____
_____

1. Guardian full name_____☐ Mother ☐ Father ☐ Other

Physical Address _____
City Zip

(IF DIFFERENT) Mailing address _____

Main Phone _____ Other Phone _____ Email:_____
Cell/Work/Other Cell/Work/Other

2. Guardian full name_____☐ Mother ☐ Father ☐ Other

Physical Address _____
City Zip

(IF DIFFERENT) Mailing address _____

Main Phone _____ Other Phone _____ Email:_____
Cell/Work/Other Cell/Work/Other

Emergency Contact (Other than listed above) _____

Name of business_____

NOTE: For individuals needing special accommodation to participate in the activities sponsored by the Hoopa Recreation Department, please notify the department at least five (5) working days prior to the first day of attendance. It is recommended that all participants carry their own insurance coverage.

WAIVER: (all classes require the signature of each registering adult or the parent or guardian of any minor(s).) In consideration for being allowed to participate in Hoopa Recreational programs, I, the undersigned, agree to indemnify, hold harmless, and release Hoopa Recreation, its employees, agents, independent contractors, volunteers, officials, and officers (collectively the “tribe”) from negligence, excepting gross negligence, and any and all liability for any injury which may be suffered by me, my minor child(ren), or any member of my household account (hereinafter collectively the “Household Member”) arising out of, or in any way connected to participation in any Tribal sponsored recreation program and agree to refrain from bringing any claim, lawsuit, or other proceeding against the Tribe stemming from any such personal injury. I agree to take responsibility to ensure that all household members enrol in activities at the appropriate level for their physical abilities and medical conditions and fully understand that I and the Household Members assume all risks for any injuries received. I expressly acknowledge that all risks, known and unknown are inherent in Recreational programs. I authorize the Hoopa Recreational Department employees and agents to seek emergency medical care, as they deem necessary, for any Household Member participating in any Tribal sponsored Recreational program and agree to be responsible for all costs incurred. I acknowledge that the Recreation department may take publicity photographs and/or recordings of any Tribal sponsored activity or event and hereby authorize the use of any Household Member’s image for this purpose. If any term, clause, or provision of this Release of Liability is held to be illegal, invalid or unenforceable, the remainder of this Release of Liability shall not be affected thereby, and shall be enforceable to the fullest extent permitted by law. I have read and understand the above agreement and fully assume all risks for any injury received.

X_____ X_____

Parent/Legal Guardian signature Date

Hoopa Recreation Department Youth Basketball
P.O. Box 1348 Hoopa, CA 95546
(530)-625-4211 Ext. 133