

Hoop Dreams Basketball Club

Financial Responsibility Agreement Form

The Hoop Dreams Basketball Club is a non-profit, tax exempt corporation. Its purpose is to develop student athletes through basketball with the goal of improving basketball skills and increasing our athletes opportunities of earning a scholastic and/or athletic scholarship. The teams play competitive schedules, requiring funds for tournament fees and coaches wages and travel expenses.

This is a financial commitment that the parents and athletes of our teams must make. Please remember we are attempting to keep the costs down and that we do have a scholarship fund, but you must speak up before the season to receive financial assistance.

Since Hoop Dreams Basketball Club is a non-profit, and in order to avoid financial shortfalls, Hoop Dreams Basketball Club requires the legal guardian of the athlete to sign this agreement understanding the financial responsibility to the club.

Financial Responsibility Agreement and Contract

There are occasions when an athlete may not be able to travel with the team to tournaments as a result of injury, health or discipline. It is the policy of the Hoop Dreams Basketball Club to evaluate each situation on its own merits and in the sole and exclusive judgment of The Hoop Dreams Basketball Club, provide a refund in certain circumstances. There is no guarantee that this will occur, due to the nature of prepayment for club expenses.

By signing the agreement below, the athlete and legal guardian understand the financial commitment you are making. By signing this agreement, you are committing to pay or apply for financial assistance your monthly dues. The Hoop Dreams Basketball Club will provide Financial Assistance on approval and offer several fundraising events. If you need financial assistance, please contact a Club Director prior to the first practice.

Signed this ____ day of _____, _____.

Athlete Name (printed) _____ Athlete Signature _____

Parent/Legal Guardian Signature _____

Code of Conduct:

In consideration of being a Hoop Dreams athlete, coach, parent, volunteer and/or administrator, I consent to abide by the rules of conduct set forth herein. I understand that these rules extend to my conduct in all activities and events sanctioned or sponsored by the Hoop Dreams Basketball Club including practices, travel to and from events, tournaments and overnight stays. I also understand that if I violate any of the following rules, I may be subject to disciplinary action as deemed appropriate by the authorized person, persons, boards or committees of the Hoop Dreams Basketball Club. Disciplinary actions may include loss of playing time and/or the Club may send a player home from a tournament at the parent's expense and/or dismissal from the Club.

The following actions are prohibited:

- Illegal transport, possession, or use of drugs or other illegal substances.
- Physical damage to a facility or theft of items from a room, residences or other person. (Restitution will be part of any penalty imposed)
- Possession of fireworks, ammunition, firearms, other weapons or any item or material which by commonly accepted practices and principles would be a hazard or harmful to other persons.
- Any action considered to be an offense under Federal, State, or local laws/ordinances.
- Violation of the specific policies, procedures, and/or regulations of the various School Districts where we practice or participate in tournaments.
- Conduct which is inappropriate as determined by comparison to normally accepted behavior.
- Physical or verbal intimidation of any individual.

Parent/Legal Guardian Signature_____ Date_____

Athlete Signature_____ Date_____

Hoop Dreams Basketball Club

Liability Waiver & Release, Parent Permission and Authorization for Medical/Dental Treatment Forms

I, the undersigned, the parent and /or legal guardian of (if player is a minor, e.g. under 18 years of age), or the person (if player is age of majority, e.g. 18 years of age or over), _____ (Player) acknowledge that the Player is receiving valuable instruction and experience by their involvement with the Hoop Dreams Basketball Club. In consideration thereof, I hereby grant permission for the Player to play, compete, train, and otherwise participate in the Hoop Dreams Basketball Club including but not limited to practice, games, tournaments, clinics, camps, fundraising, volunteering, social activities, travel by any and all means including private, public, and commercial transport by ground, air, and water based vessels, and other activities sponsored by Hoop Dreams Basketball Club.

I further authorize the administration of the Hoop Dreams Basketball Club to release pertinent information about my son or daughter to college coaches, media, etc... for the purpose of enhancing the recruiting process. This information includes but is not limited to photographs, email addresses, telephone numbers, press releases, games summaries, etc...

I recognize the fact that basketball is a contact sport and that serious injuries can and do occur. I accept the full responsibility for any injuries that may occur to the Player as a result of them trying out for and participating in the Hoop Dreams Basketball Club. I waive any and all liability against Hoop Dreams Basketball Club, its officers, employees, coaches, trainers, volunteers, affiliated organizations, sponsors, vendors, school districts, and the owners and operators of any facility utilized by the Hoop Dreams Basketball Club and hereby release and discharge the same, from any claim, loss, injury, cost, damage or expense incurred/sustained by or on behalf of the Player as a result of the Player's participation in the Hoop Dreams Basketball Club. I further agree to indemnify and hold harmless all of the above organizations, employees, officers, coaches, trainers, volunteers and sponsors for any judgment awarded, attorney fees, and other expenses with respect to any claims, loss, damage, or expense which may be sought by or on behalf of the Player or their family.

I, the undersigned, the parent and/or legal guardian of (if Player is a minor), or the person (if Player is age of Majority), _____ (Player) hereby grant permission for the Hoop Dreams Basketball Club, its officers, employees, coaches and trainers, to authorize medical or dental treatment for the Player by any available and qualified physician/dentist or other trained medical personnel. In addition, this permission extends to and includes authorization for emergency treatments, procedures, and surgeries for the Player. Furthermore, on-going medical treatment is authorized until such time as the undersigned shall dismiss these physicians/medical personnel in writing and have engaged another qualified physician. This permission and authorization includes admission to a hospital or medical facility if the attending physician deems it necessary.

I understand that monies paid and donated to the Hoop Dreams Basketball Club are non-refundable. I understand that participation in the Hoop Dreams Basketball Club is done in accordance with the acceptance of this permission, authorization, release and waiver. The permission for participation and authorization for medical treatment is effective for thirteen months after the date of my signature hereto (Participation Period). The waiver and release of liability for causes of action arising under or related to the Participation Period continue into perpetuity.

Player Name (Printed)

Player Signature

Date

Parent/Legal Guardian Signature

Date

Hoop Dreams Basketball Club

Insurance Information Form

Player Name (Printed)

Team/Grade/Gender

Insurance Information

Insurance Carrier: _____

Policy#: _____

Primary Policy Holder: _____

ID#: _____

In case of emergency, contact: _____

Relationship: _____

Work Phone: _____

Home Phone: _____

If your insurance carrier requires a phone call prior to treatment or hospital admission, please provide that phone number and/or point of contact: _____

