

Tahoma Basketball Recreational League

Boys and Girls Grades 1-6

Girls Mon/Wed; Boys Tues/Thurs 1/05/10-3/11/10

****Registration due by October 30, 2009****



League Rules:

- Team assignments are first come first serve.
- Friends on team are NOT guarantee. We will try to honor request; not guaranteed.
- **Carpool arrangements are not the responsibility of the TLC program**
- Request for coach is not guaranteed. We will try to honor request; not guaranteed.
- Registration received after 4:30 PM or postmarked after due date of **10/30/09** is considered late. A late fee of \$10 will be in effect. All late registrations will be placed on a wait list. You will be notified if you can be placed. No request for team or coach with late registrations.
- No team changes once team assignments are made. (if you do not feel comfortable playing on any team you may chose not to register).
- A \$25 non refundable fee will be charged with any withdrawal. Once play begins on 1/5/10 **no refunds** will be made without a doctors note and the \$25 fee will be assessed.
- If a coach, parent or player is asked to leave the gym for inappropriate behavior as determined by Tahoma School District personnel, the Program Coordinators, Gym Monitors or Referee a suspension will apply for the following 2 games. If a second incident occurs a suspension will apply for the remainder of the season. If the player is not involved they are allowed to continue to play.

Picture day for all teams is on Saturday 01/23/2010

Must complete both sides of the form for registration!

Child's Name _____ AGE _____ BOY GIRL

Child's School _____ GRADE _____

Did player play in TLC league last year?: YES ___ or NO ___ Preferred Coach _____

Would you like to be on the same team?: YES ___ or NO ___ Friend on team (NO GUARANTEE) _____

Parent Name _____ Home Phone _____

Mailing Address _____ City _____ Zip Code _____

Cell Phone _____ Email address (Print Clearly please) _____

T-Shirt size: **Youth** YS ___ YM ___ YL ___ **Adult size** AS ___ AM ___ AL ___ AXL ___ If not sure, go a size larger

Volunteer: Coach _____ Assistant Coach _____ Coach Email _____

Coach Name _____ **Coach T-Shirt: Adult Size** AS ___ AM ___ AL ___ AXL ___ AXXL ___

Our program runs on volunteer coaches, please fill out this box if you would like to coach or assist with a team.

Registration Fee: \$85 Each additional family member \$50 (Complete a separate form **for each child** registered) Postmark after 10/30/2009 is late. A **\$10 late fee** will be charged on all late registrations. No team guarantee or request taken on late registration.

Payment: Cash Check Ck # _____ Visa MasterCard

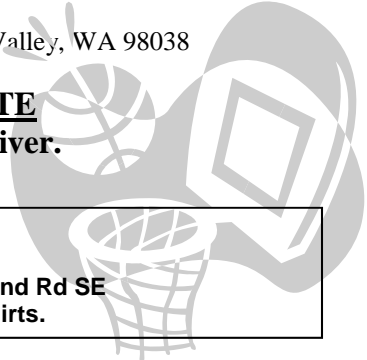
Credit Card # _____ Exp. Date _____

TOTAL PAID

Cardholder Signature _____

Parent/ Guardian Signature

I have read and understand League rules and the Code of Conduct _____



ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE
Please fill out form in full. Must have parent signature on waiver.
Coaches will contact you with team information.

Coaches - MUST ATTEND!!!!
Coaches Meeting on Thursday December 10, 2009. 7:00-8:30 pm
Location: Tahoma Central Services Building. 25720 Maple Valley/Black Diamond Rd SE
Coaches will receive roster, schedule, rules, picture forms, balls and t-shirts.

Code of Conduct for Parents and Coaches:

- **Encourage your child** regardless of his/her degree of success or level of skill
- **Ensure a balance** in your student athlete's life, encouraging participation in multiple sports and activities while placing academics first.
- **Emphasize enjoyment** development of skills and team play as the cornerstone of your child's early sports experience while reserving serious competition for the competitive teams.—This is a recreational program.
- **Leave coaching to coaches** and avoid placing too much pressure on your youngster about playing time and performance.
- **Be realistic** about your child's future in sports, recognizing only a select few earn a college scholarship, compete in the Olympics or sign a professional contract.
- **Be there** when your child looks to the sidelines for a positive role model.

***To be in compliance with the new law HB 1824, Youth Sports– Head Injury Policies, all participants in the Tahoma Rec Basketball league and their parents will be required to sign a form confirming that they have read about the danger of head injuries and what is required by law when an injury occurs. Forms will be distributed by coaches at/or before the first practice.

As a parent or guardian of a student requesting to voluntarily participate in Tahoma Basketball through the Tahoma Learning Community, I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for (**Print Full Name**) _____ who attends _____ school to participate in Tahoma Basketball through Tahoma Learning Community.

Girl Boy Grade _____

Street Address _____ City _____ Zip _____

Home phone _____ Cell Phone _____

Date of birth: _____ Family Physician _____ Physician Phone #: _____

Medical conditions, medication information or allergies district should be made aware of: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name _____ Phone Number _____

Name _____ Phone Number _____

I acknowledge that this activity entails known and unanticipated risks, which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I certify that my child has no medical or physical conditions, which could interfere with his/her safety in this activity. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the school district staff-in-charge/volunteer coach to obtain emergency care for my student, neither she/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I have read the attached itinerary and code of conduct (detailing dates, places, events, etc.) and understand that the Tahoma Learning Community will make every reasonable effort to provide a safe environment. I am fully aware of the special dangers and risks inherent in participating in these activities, including physical injury, or other consequences arising from these activities. Being fully informed as to these risks, I hereby consent to my child participating in the activities.

Signature of parent /guardian _____ **Date** _____

Yes, I would like my email added to the Tahoma Learning Community email list to be notified of future classes or special events.

No, I do not want my child's picture to be posted on the Tahoma Learning Community website, or in other TLC publications.