

Please return applications to:  
 New Dawn Vallejo Corporation  
 1904 Carolina Street  
 Vallejo, CA 94590  
 (707) 656-4445  
 FAX (707) 648-1342

**AGES 18 & OLDER  
 APPLICATION**



presents  
**Late Night Basketball**

**Participant Information:** (Please print)

Last Name:		First Name:	
Gender:	Date of Birth:	Age:	T-Shirt Size:
Street Address:			
City/Town:		State:	Zip/Postal Code:
Phone Number:		Email Address:	
Current School/College:			
Parent/Legal Guardian Name:			
I reside at this residence with a parent or guardian: ____ yes ____ no			

Is this your first year as a participant with Late Night Basketball? Yes No

**Health Information**

Do you currently have health insurance? Yes No

<b>Primary Physician</b>	<b>Health Insurance Carrier</b>
Name: _____	Name: _____
Address: _____	Group Number: _____
City/Town: _____ State: _____	Policy Number: _____
Phone Number: _____	Phone Number: _____

Please list allergies (food, etc.) and/or pre-existing conditions:

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Please list all medications (prescribed or over-the-counter) participant is currently taking:

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**NEW DAWN VALLEJO CORPORATION  
LATE NIGHT BASKETBALL**

**Participation Emergency Information**

**Emergency Contact Numbers (List at least one contact.)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please check participant's areas of interests:**

- \_\_\_ Basketball coach
- \_\_\_ College readiness guidance
- \_\_\_ Conflict resolution skill development
- \_\_\_ CPR training
- \_\_\_ General Equivalency Diploma (GED) referrals
- \_\_\_ Health screening
- \_\_\_ Interviewing techniques, employment opportunities and career planning
- \_\_\_ Other \_\_\_\_\_

**Late Night Basketball Participant Pre-Survey: (MUST DO)**

(Please check ALL that apply)

- \_\_\_ I am current (up-to-date) with my immunizations.
- \_\_\_ I have a medical doctor.
- \_\_\_ I want to schedule a health exam for myself.
- \_\_\_ I want to schedule a vision screening for myself.
- \_\_\_ I am good student.
- \_\_\_ I need a tutor for school.
- \_\_\_ I need information for getting the GED.

How do you feel in your neighborhood? *(Please circle)*

Very unsafe 1	Unsafe 2	Safe 3	Somewhat safe 4	Very safe 5
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**NEW DAWN VALLEJO CORPORATION  
LATE NIGHT BASKETBALL**

**Participant Notice and Permission/Release Form**

**Participant (or Parent/Legal Guardian) Permission/Release:**

I am the participant named above. I understand that Late Night Basketball (LNB) sponsored by New Dawn Vallejo Corporation (NDVC) in collaboration with community partners will be held:

**June 17 – July 30, 2016** (Fridays and Saturdays) **10 PM – 3 AM**

I understand that, unless otherwise notified, all activities will take place on the campus of Vallejo High School, 840 Nebraska Street, Vallejo, CA 94590.

I further understand that the LNB will take place under the guidance and direction of adult church volunteers from NDVC in partnership with the Vallejo Police Department, Vallejo Fire Department, Solano County Probation Department, District Attorney’s Office, Friendship Missionary Baptist Church, Vallejo City School District, Health and Social Services Department and Sheriff’s Department. I understand that I should be dropped off **no earlier than 9:30 PM** and should be picked up **no later than 3 AM**. I also understand that snacks will be provided to the players.

I hereby release, hold harmless, and indemnify New Dawn Corporation Vallejo (NDVC), Friendship Missionary Baptist Church (FMBC), their agents, representatives, employees, and volunteers from any and all claims, damages, or other liabilities for personal injury, accident, illness, or death (known or unknown) to the above referenced participant which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by New Dawn Corporation Vallejo (NDVC) and Friendship Missionary Baptist Church (FMBC) or its agents, representatives, employees or volunteers while participating in activities conducted, sponsored, or associated with the event stated above. I also give my permission to be photographed by the media during these events and I give my permission for New Dawn Vallejo Corporation (NDVC) the use of photographs for promotion of program services.

Also, in the event that I cannot be reached in case of emergency, I do hereby authorize a physician selected by the Program Coordinator of this event and/or a representative from the New Dawn Vallejo Corporation to administer emergency treatment including medications, diagnostic tests, surgery, or other medical intervention deemed necessary by the physician.

**I, the undersigned, have read this release and understand all its terms.**

Name: \_\_\_\_\_

Relationship (Please circle only one):    participant / parent / guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW DAWN VALLEJO CORPORATION  
LATE NIGHT BASKETBALL**

**Participation Contract**

**Philosophy**

Athletics assists in promoting the importance of physical fitness, teamwork, goal achievement, personal validation and commitment. Interscholastic athletics is highly competitive, but winning is not the primary measure of success. Sportsmanship, respect for participants, and dignity in the face of adversity are more important than the outcome of the contest. All athletes do not perform at the same level, but all can demonstrate effort, dedication, and fair play.

**Sportsmanship**

An important mission of the Late Night Basketball (LNB) services is to teach and reinforce values relating to sportsmanship, competition, and fair play. It is expected that team personnel, parents, and spectators respect this mission by exhibiting appropriate behavior at athletic events. Countywide team and school awards are presented annually to schools whose coaches, players, and fans, demonstrate a high degree of sportsmanship.

**Participant Eligibility Requirements**

*(Participants must meet the following requirements to be eligible to participate.)*

1. Participants (or parent/guardian) must provide health and general information for their child prior to participating in the sports.
2. Participants (or parent/guardian) must provide transportation to and from Vallejo high School, 840 Nebraska or to the safe zone location no later than 9:30 PM, Fridays and Saturdays. *Note: Parents must pick up their children at Vallejo High School or at the safe zone location no later than 3 AM.*
3. Participants are loaned the jerseys and must be returned to the coaches by **NIGHTLY** closure of iBall event. **\*\*\* NO EXCEPTIONS! \*\*\***
4. Participants must provide money for hospitality snacks. Complimentary water, Gatorade and protein bars will be available.
5. Participants must attend all of their scheduled workshops and health screening in order to participate in a practice or contest on days of events. An excused absence (or late notice) for a prescheduled activity, or an unforeseen emergency, allows participant to participate on same day.
6. In addition to other infractions, a participant may be suspended or removed from a team or event for unexcused absences or chronic tardiness.
7. Participants are eligible between the ages of 12-25 years old.
8. Participants whose legal residence is outside the designated boundary of a particular school may not participate unless they have received an official transfer and an athletic waiver.
9. Participants 18 and older must sign the *LNB Athletic Participation Contract and Parent Permission* form.

# NEW DAWN VALLEJO CORPORATION LATE NIGHT BASKETBALL

## Disclaimer

### **Assumption of Risk**

Participation in basketball athletic activities often includes intense competition and poses the potential for serious, catastrophic, or life-threatening injury. Participants and parents are urged to consider that there are inherent risks and hazards associated with athletic participation. Risks vary from sport-to-sport and can occur under direct supervision and with use of proper safety equipment.

### **Hazing**

Hazing is prohibited at all times. Hazing involves any act that subjects teammates to mental or physical discomfort, embarrassment, harassment, or ridicule. In some instances hazing constitutes a criminal act. At a minimum, hazing may lead to immediate dismissal from a team.

### **Communication with Coaches**

Parents should not attempt to address coaches immediately after games and practices. Coaches have many post game/practice responsibilities, including supervision of players. Also, the post game/practice period is often emotionally charged, and not conducive to productive discussion. If a parent feels the need to communicate a concern, the parent should contact the coach, athletic director, and/or acting supervisor to arrange a later meeting.

### **Participation Standards**

Participation in Late Night Basketball (LNB) is a privilege. Accordingly, students must meet certain standards in order to earn the privilege of participation. At a minimum, the following standards are required of all student-athletes and participants:

1. Exhibit public behavior that will reflect positively on the team, school, and community.
2. Exhibit responsible, respectful, and trustworthy behavior to teammates and the coach.
3. Comply with all team and school system rules, regulations and policies.
4. Exhibit appropriate behavior with all team and health related activities.
5. Attend all team functions unless ill or given prior permission to be absent by athletic staff.
6. Respect and comply with decisions made by the coach and athletic department.
7. Respect calls and decisions made by game officials.
8. Display good sportsmanship at all times.
9. Report to the coach, athletic director and/or acting supervisor any issues or developments that may affect eligibility status.

### **Illegal Substances/Alcohol/Tobacco/Steroids/Controlled Substances**

Vallejo City Unified School District regulations state that any participant with verified use, distribution, or possession of alcohol, tobacco, illegal drugs, and/or controlled substances on school property or at a school-sanctioned event, shall be prohibited from participating in any Late Night Basketball (LNB) activities.

**NEW DAWN VALLEJO CORPORATION  
LATE NIGHT BASKETBALL**

**Memorandum of Understanding (MOU)**

Participant/student: \_\_\_\_\_

School: \_\_\_\_\_ School Year (or term): \_\_\_\_\_

**Participant-Athlete**

Please review this contract carefully, complete information as requested, affix signatures and return.

**Stipulations**

The student-athlete (and his or her parent/guardian) have received and read the *LNB Basketball Participation Information and Contract*. Based on this information, the student and/or parent/guardian understand and stipulates to the following:

1. I/We understand the eligibility regulations required for participation.
2. I/We affirm that the participant has satisfied all of the eligibility requirements, including age, residency and academics.
3. I/We understand that participation of ineligible players will result in individual and team sanctions, including forfeits for the team.
4. I/We affirm that the participant will exert effort to maintain a high level of academic achievement.
5. I/We understand there is potential for serious, catastrophic, or life-threatening injury associated with participation in a sport.
6. I/We affirm that the participant will not participate in hazing at any time, of any nature.
7. I/We, as a participant or spectator, will exhibit a high level of sportsmanship at contests.
8. I/We will follow appropriate procedures in communicating concerns to coaches.
9. I/We affirm that the participant will abide by all team and participation standards.
10. I/We affirm that the participant will not use steroids, illegal drugs, alcohol, and tobacco unless medically proscribed for a specific condition or illness.

**Residency Verification**

Please respond to the following school residency questions:

<p>A. County of residence: _____</p> <p>B. Name of school: _____</p> <p>C. Academic level (circle which apply): H.S. / College / Both</p>
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## Requirements for Participation

I/We hereby authorize and consent to my/our participation in sports and am aware that the sport is potentially dangerous, and that physical injury may occur and require emergency medical care and treatment. I/We assume full risk of injury that may occur in an athletic activity capacity.

In consideration of acceptance of participation with Late Night Basketball (LNB), in its athletic program, the benefits derived by and from participation, I/we agree to release and hold harmless the New Dawn Vallejo Corporation (NDVC) and its partners, its members, the Superintendent of Schools, the principal, all coaches, agencies providing transportation; and any and all other of their agents, servants and/or employees and do agree to indemnify each of them from any claims, costs, suits, actions, judgment, and expenses arising from my participation in basketball athletics.

I, \_\_\_\_\_, hereby give consent for my child to  
Participant's Name  
participate in the health screening services offered by Solano County Health and Social Services Department or health clinic.

I/We hereby give our consent and authorize the New Dawn Vallejo Corporation, Vallejo City Unified School district and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

I, \_\_\_\_\_, have carefully reviewed and signed  
Participant's Name  
the Late Night Basketball (LNB) athletic 1) *Participation Information*, 2) *Participant Notice and Permission/Release Form*, 3) *Participation Contract*, 4) *MOU* and 5) *Requirements for Participation*. I/We understand the conditions for participation in the Late Night Basketball athletic program and understand there are inherent risks associated with participation.

I/We agree as follows:

- To give my/our permission to participate in Late Night Basketball at Vallejo High School
- I/We understand and conform to all of the statements in the "Stipulations" portion of the contract.
- I/We have responded truthfully and accurately to the questions in the "Residency" portion of the contract.

Please affix signature below.

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)