

Return completed applications to:

New Dawn Vallejo Corporation
1904 Carolina Street
Vallejo, CA 94590
(707) 656-4445
Fax (707) 648-1342



presents
Late Night Basketball

Participant Information: (Please print)

Last Name:	First Name	Gender: Male/Female	Date of Birth:	Age:
Street Address:	City:	State:	Zip Code:	Phone:
Email:	Current School:	Grade level:	T-shirt Size: S/M/L/XL/2XL/3XL	
Parent/Guardian Name:	Phone/Email	Enroll in iball or icheer?		

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

Health Information

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

Food allergies and/or pre-existing conditions:	Medications (prescribed or over-the-counter):
_____	_____
_____	_____
_____	_____

Emergency Contact Numbers (List at least one contact)

Name: _____ Relationship: _____

Phone: _____ Work Phone: _____

In the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the Program Coordinator and/or a representative from the (NDVC) to administer emergency CPR and other medical intervention or treatment deemed necessary by an EMT (Emergency Medical Technician) or licensed medical practitioner on-site (including diagnostic tests, medications or surgical procedure by a physician). Initial/consent: _____

Late Night Basketball Participant Pre-Survey: (MUST COMPLETE)

- | | |
|---|-----------|
| My child has current immunizations | Yes or No |
| My child has a medical doctor. | Yes or No |
| I want to schedule a health exam for my child. | Yes or No |
| I want to schedule a vision screening for my child. | Yes or No |
| My child is a good student. | Yes or No |
| My child needs a tutor for school. | Yes or No |
| My child needs information for getting the GED. | Yes or No |
| I plan to watch my child play sports. | Yes or No |

How safe does your child feel in his or her neighborhood? (Please circle)

Very unsafe =1	Unsafe=2	Safe=3	Somewhat safe=4	Very safe=5
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LATE NIGHT BASKETBALL (LNB)

Parent/Legal Guardian Permission/Release:

I understand that Late Night Basketball (LNB), hosted by New Dawn Vallejo Corporation (NDVC) in collaboration with community partners is from June 23 – July 29, 2017 (Fridays and Saturdays), 9:00 PM-2:00 AM. Unless otherwise notified, all activities will take place on the campus of Vallejo High School, 840 Nebraska Street, Vallejo, CA 94590. 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 (FMBC), Vallejo City School District, Health and Social Services Department and Sheriff’s Department. My child should be dropped off **no earlier than 8:30 PM** and should be picked up **no later than 2:00 AM**. Snacks will be provided to the players. I hereby release, hold harmless, and indemnify (NDVC), (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 while participating in activities conducted, sponsored, or associated with the event stated above. I give permission for me or my child to be photographed by the media during these events and for (NDVC) to use the photographs to promote the program services. I give my permission for me or my child to participate in the health screening on site such as dental, vision and testing.

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

Name _____ Relationship: _____
 (Please print clearly)

Signature: _____ Date: _____

LATE NIGHT BASKETBALL (LNB) PARTICIPATION INFORMATION AND CONTRACT

Philosophy

Athletics assists in promoting the importance of teamwork, effort, goals, 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.

Student Eligibility Requirements

Students must meet the following requirements to be eligible to participate.

1. Parents must provide health and general information for their child prior to participating in the sports.
2. Parents must bring their youth to the Vallejo high School, 840 Nebraska or bring their child to the safe zone location no later than 9:30 PM, Fridays and Saturdays. Parents of Minors must walk their children into the registration area to sign-in. Parents must pick up their children at Vallejo High School or at the safe zone location no later than 3 AM.
3. Students are loaned the jerseys and they must be returned back to the coaches **NIGHTLY**.
*** NO EXCEPTIONS! ***
4. Parents must provide money for hospitality snacks. Complimentary water, Gatorade and protein bars will be available.
5. Students must attend all of their scheduled workshops and health screening in order to participate in a practice or contest on that day. If the principal or designee grants an excused absence in advance for a prescheduled activity, or an unforeseen emergency, the student may participate on that day.
6. In addition to other infractions, a student may be suspended or removed from a team for unexcused absences or chronic tardiness.
7. Students are eligible between the ages of 12-17 years old.
8. Students 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. Students and their parents must sign the school *Student-Parent Athletic Participation Contract and Parent Permission* form.

LATE NIGHT BASKETBALL (LNB) PARTICIPATION INFORMATION AND 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 a need to communicate a concern, the parent should contact the coach and/or athletic director to arrange a later meeting.

Participation Standards

Participation in Late Night Basketball 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.

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, school, and school system rules, regulations, and policies.
4. Exhibit appropriate behavior at all team and health related activities.
5. Attend all team functions unless ill or given prior permission to be absent by the coach.
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 any issues or developments that may affect eligibility status.

Illegal Substances/Alcohol/Tobacco/Steroids/Controlled Substances

Vallejo City Unified School District (VCUSD) 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.

**LATE NIGHT BASKETBALL (LNB)
Student– Parent Participation Contract
And Parent Permission Form**

Student: _____ Student ID: _____
School: _____ Team: _____ School Year: _____

Parent and Student-Athlete: Review this contract carefully (front and back), complete information as requested, affix signatures, and return the completed contract/permission form to the school.

Stipulations

The student-athlete and his or her parent/guardian have received and read the *Student-Parent Basketball Participation Information*. Based on this information, the student and parent/guardian understand and stipulate to the following:

1. I/We understand the eligibility regulations required for participation.
2. I/We affirm that the student has satisfied all of the eligibility requirements, including age, residence, 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 student 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 student 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 student will abide by all team and participation standards.
10. I/We affirm that the student will not use steroids, illegal drugs, alcohol, and tobacco unless medically proscribed for a specific condition or illness.

LATE NIGHT BASKETBALL PARTICIPATION NOTICE

Requirements for Participation

I/We hereby authorize and consent to our child’s participation in sports. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. I/We assume the risk of injury to our child that may occur in an athletic activity.

In consideration of the acceptance of our child by the Late Night Basketball in its athletic program, and the benefits derived by our child from participation, I/we agree to release and hold harmless 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 agree to indemnify each of them from any claims, costs, suits, actions, judgment, and expenses arising from our child’s participation in basketball athletics.

I, _____, and I, _____,
Parent’s Name Participant’s Name

hereby give consent for my child to 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, _____, and I, _____,
Parent's Name Participant's Name

have carefully reviewed the *Student- Parent Athletic Participation Information* and the *Student/Parent Athletic Participation Contract and Parent Permission Form*. I/We understand the conditions for participation in the Late Night Basketball athletic program, and we understand there are inherent risks associated with participation.

I/We agree as follows:

- My son/daughter has 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 I have responded truthfully and accurately to the questions in the Residency portion of the Contract.

Please affix signatures below.

Signature of Parent Date Signature of Participant Date