

CHAPEL HILL PARKS AND RECREATION DEPARTMENT

FALL BASKETBALL TEAM REGISTRATION INFORMATION

Ages 16-18 Basketball team registration is taken on a first come, first serve basis. A maximum of 10 teams will be taken in the league. Packets turned in after the leagues have been filled will be placed on a waiting list. Players that are on school teams or listed on a school team roster are not eligible to play. All packets must be returned with the following items in order to complete the registration process.

Registration Deadline: Until full (max 10 teams) or last Friday of October.

TO COMPLETE REGISTRATION, THIS PACKET MUST BE TURNED IN WITH:

- Coaches application completely filled out by the coach.
- Team roster with team name, as well as names, addresses and phone numbers of a minimum 7 players/maximum of 12 players.
- Copies of birth certificates for all players
- Completed registration form for every player on the roster, signed by parent or guardian. Player agreement read and signed by each player.
- Payment of team fee- \$530 per team, and an additional \$5 per non-Orange County resident. Please write one check for the full amount, made payable to The Town of Chapel Hill.
- Packets that do not contain the above items are considered incomplete and will NOT be accepted for registration.

IMPORTANT

All players will be required to show a photo id before EVERY game.

Any player who does not produce a photo id will NOT be allowed to play. No exceptions!



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YOUTH BASKETBALL COACHING APPLICATION - FALL

Please complete **ALL** information listed below. Incomplete applications or applications that have "refer to last year" will be returned.

HEAD COACH NAME	PHONE (HOME)
LOCAL ADDRESS	PHONE (WORK)

All Head Coaches must be 21 years of age.

ASSISTANT COACH NAME	PHONE (HOME)
LOCAL ADDRESS	PHONE (WORK)

Please circle the age group you would like to coach. Player ages are determined as of August 31 of the current year. Please indicate 1st, 2nd, 3rd choice preference.

CO-ED	Ages 6-8			
BOYS	Ages 9-10	Ages 11-12	Ages 13-15	Ages 16-18
GIRLS	Ages 9-12			

SPORTS EXPERIENCE AND PARTICIPATIONS

COACHING EXPERIENCE

RELATED INFORMATION YOU FEEL SHOULD BE CONSIDERED IN EVALUATING THIS APPLICATION

REFERENCES-PLEASE DO NOT INCLUDE DEPARTMENT STAFF (GIVE NAME, TITLE, ADDRESS, PHONE)

If accepted for this coaching position, I hereby agree to abide by all rules and regulations set forth by the Chapel Hill Parks and Recreation Department and the decisions of the Parks and Recreation Department Staff.

Head Coach Signature Date

Assistant Coach Signature Date



CHAPEL HILL PARKS AND RECREATION DEPARTMENT

BASKETBALL LEAGUE TEAM ROSTER

Team Name _____

SEASON / YEAR _____

CIRCLE ONE Ages (10-12 yrs) Ages (13-15 yrs) **Ages (16-18 yrs)**

Head Coach _____ Address _____ Telephone (Home) _____ (Work) _____ (Email) _____
Assistant Coach _____ Address _____ Telephone (Home) _____ (Work) _____ (Email) _____

PLAYERS NAME	ADDRESS	COUNTY	PHONE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

**Minimum of 7 players are needed to form a team. Maximum of 12 players allowed on a team.

Fee: \$530 per team, additional \$5 for each non-Orange County resident



CHAPEL HILL PARKS AND RECREATION DEPARTMENT

PLAYER & PARENT/GUARDIAN AGREEMENT

Player Agreement

I agree to:

- Treat coaches, teammates, opponents, referees and spectators with courtesy and respect.
- Play to win but always fairly and with good sportsmanship.
- Accept the decisions of referees without gesture or argument.
- Control my temper and not use inappropriate, derogatory or vulgar language.
- Never criticize the play of others and never blame others for my mistakes.
- Follow the instructions of my coach without argument. This includes instructions regarding playing time and position.
- Work hard, concentrate, cooperate and not be disruptive in practices and games.
- Play my part in arriving on time to practices and games.
- Obey any team rules the coach puts in place.

Player Name _____

Signature _____ Date _____

Parent/Guardian Agreement

I understand that:

- The organization policy is that use of alcohol and tobacco products by parents and other spectators is banned in all town parks.

I agree to:

- Not coach or give instructions to the players including my own child during games or practices.
- Never openly express criticism for players of either team.
- Never openly criticize referees during a game.
- Never confront the coach or team manager with emotional issues in front of the players.
- Never use inappropriate, derogatory or vulgar language during a game or practice.
- Ensure my child has the means to arrive and be picked up on time for practices and games.
- Encourage my child to be the best team player that he or she can be!

Parent/Guardian Name _____

Signature _____ Date _____

Parent/Guardian Name _____

Signature _____ Date _____



Parks and Recreation Registration Form

Chapel Hill resident Carrboro resident Orange county resident Non-resident

Receipt# _____

Adult Participant/Parent/Guardian

First Name _____ Last Name _____

Address _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone _____

Emergency Contact (other than parent) Name: _____ Relationship: _____ Phone # _____

Please check here to you or your children has a set of unique skills, abilities or special needs. We welcome participant of all abilities. We can serve your family better if we know about them and discuss options before an activity starts.

Registration Information

	First Name	Last Name	Birth Date	Grade	Age	Sex	Program Name	Activity#	Fee
1									
2									
3									
4									
Second choice if program on line ____ above is filled.									
Second choice if program on line ____ above is filled.									
See Minimum payment below. <input type="checkbox"/> check # _____ (make check payable to Town of Chapel Hill and mail to CHPR 200 Plant Road, Chapel hill, NC 27514) <input type="checkbox"/> money order <input type="checkbox"/> credit card									

For Youth Athletics: Shirt Size ____ Child's Name _____ Shirt Size ____ Child's Name _____ Shirt Size ____ Child's Name _____

*Shirt available in youth or adult sizes S, M, L or XL, for ages 5-9; ages 10 or older, adult sizes only

REFUNDS: NOT ALL PROGRAMS, PASSES, OR RENTALS ARE ELIGIBLE FOR A REFUND. A refund or credit of registration fees, less a \$10.00 processing fee (per program or rental), will be made if requests for a refund are made **IN ADVANCE** and **IN WRITING** (parksrec@townofchapelhill.org). Some require **14 DAYS** advance notice. Visit chapelhillparks.org for full refund policy and guidelines.

Photo Policy: Chapel Hill Parks and Recreation Department reserves the right to photograph program participants for publicity purposes.

Policy of Non-Discrimination: The Town of Chapel Hill does not discriminate on the basis of disability in admission, access, treatment or employment in its programs or activities

I, the above named, understand that participation in recreation programs can involve vigorous activity. A thorough physical examination is recommended, I hereby assume all risk and hazards incidental to participation in the above mentioned program(s), including transportation to and from all activities, and do so hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Chapel Hill, its officers, agents and employees, the Parks and Recreation Commission, the coaches and co-sponsors from any claims arising out of injury to the above named, that I am physically fit to participate in this program and have not been otherwise informed by a physician. In addition, I give my permission to UNC Hospitals and/or other licensed medical facilities to provide treatment as deemed necessary by them.

Parent/guardian Signature: _____

Date: _____