



Scott 2 Elementary Basketball Application Form 2017-18 WINTER

Player Information

Name: _____ Did you play last year with us? _____

Age: _____ Birth Date: _____ Height: _____ Weight: _____

School: _____ Grade: _____

Experience Level: Beginner _____ Intermediate _____ Advanced _____

Do you wish to be evaluated and considered for a travel team? Y N

Illness or Allergies: _____ Medication: _____

UNIFORMS	ADULT SIZES (AS, AM, AL, AXL, A2XL)	YOUTH SIZES (YS, YM, YL)
Jersey/Shirt		
Shorts (travel Only)		

Uniform Number: Only complete if interested in being considered for travel basketball: List 3 choices below (one or two digits only) using the numbers 0, 1, 2, 3, 4, or 5. Jersey # selection is not guaranteed.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Parent/Guardian Information

Parent 1 Name: _____ Parent 1 Phone (cell): _____

Parent 2 Name: _____ Parent 2 Phone (cell): _____

Email: _____ Email 2: _____

Address: _____

Emergency Contact: _____ Phone: _____

Are you interested in volunteering? Please indicate: Coach _____ Asst. Coach _____ Team Mom _____

No Registration Fee for the Scott 2 Elementary League

If your child is selected for a travel team (grades 2-5), a fee of \$190 is due by 10/27

Please make checks payable to: Scottsburg Boys Basketball

Notice: There will be a \$35.00 charge for all Non-Sufficient funds (NSF) checks.

Scott 2 Elementary Basketball CODE OF CONDUCT

Scott 2 Elementary Basketball program HAS A ZERO TOLERANCE POLICY.

A team and/or player are subject to immediate disqualification from the League for any misconduct deemed inappropriate, unacceptable, unsafe and/or abusive by the Team Officials. This includes but is not limited to defacing and/or destruction of playing site property, trashing team bench area, fighting, un-sportsman like play and/or conduct, acts of use of words to incite, profanity, intimidation, baiting or any form of taunting design to embarrass, ridicule or demean others under any circumstances, including race, religion, gender or national origin could face disciplinary action by the Scottsburg Coaching Staff.

It is the ultimate decision of the Coaching Staff to determine if the conduct of an athlete warrants disciplinary action including loss of participation time, suspension from a practice, game, activity, or team, and/or removal from the team.

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game or practice.
2. I will place the emotional and physical well-being of the children ahead of any personal desire to win.
3. I will insist that my child play in a safe and healthy environment and will do my best to make youth sports fun for all.
4. I will provide support for the coaches and officials working with my child to provide a positive, enjoyable experience for all.
5. I Agree to a drug, alcohol, and tobacco-free sports environment for all staff and players and will assist by refraining from their use at all sports events, including practice. Scott 2 Basketball restricts and bans any alcohol or tobacco use at all elementary or travel events, including practice facilities and parking areas.
6. I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, creed or ability.
7. I will promise to help my child enjoy the youth sports experience with my personal constraints by assisting with the coaching, being a respectful fan or whatever I am capable of doing.
8. I will encourage my child's coach to agree to and abide by the Rules of Conduct for Coaches.

Failure to agree to or abide by the Code of Conduct can lead to a technical foul(s) and/or an ejection from the game or practice facility. All violations are subject to an immediate suspension from all program involvement for an agreed upon period of time up to one (1) year at the discretion of the coaching staff.

TERMS AND CONDITIONS ABOVE ACKNOWLEDGED AND ACCEPTED

Parent or Guardian Signature: _____ Date: _____

Boys Elementary Basketball Training Camp

***Required if you want to be considered for a travel team.
Optional if you do not wish to be considered for travel***

September 25th and 27th

@ Meyer Gym

Grades K-1: 5:30-6:30

Grades 2-3: 6:30-7:45

Grades 4-5: 7:45-9:00





SCOTT 2 ELEMENTARY BASKETBALL COACHING APPLICATION



NAME: _____

SON'S NAME: _____

GRADE INTERESTED IN COACHING: _____

SHIRT SIZE: _____

EMPLOYER: _____

**BEST TIME DURING WEEK TO PRACTICE (DAY AND TIME): _____

PLEASE ANSWER THE FOLLOWING:

1) WHAT IS IMPORTANT TO YOU AS A YOUTH SPORTS COACH?

2) WHAT IS YOUR EXPERIENCE WITH COACHING YOUTH SPORTS AND HOW MANY YEARS HAVE YOU BEEN COACHING?

3) WHAT IS YOUR PERSONAL PHILOSOPHY TOWARD COACHING A YOUTH SPORTS TEAM?

4) WHAT KNOWLEDGE DO YOU HAVE ABOUT TEACHING THE GAME OF BASKETBALL?

5) WHAT CERTIFICATIONS, IF ANY, DO YOU CURRENTLY HAVE? (FIRST-AID, CPR, ETC.)

REFERENCES:

NAME _____ PHONE _____

NAME _____ PHONE _____