

Greetings!

Thank you for your interest in Champaign Heat Basketball. We are looking forward to a great season, filled with competitive games and practices, excitement, fun, learning, teaching and responsibility. Congrats! Your athlete has been selected to join the 2017 Champaign Heat Basketball travel program. Welcome to competitive basketball. Congrats!

AGES: Middle School Girls Coaches Contact Information:

**Founder (K.G.) Kharis Gordon**- [champaignheatbasketball@gmail.com](mailto:champaignheatbasketball@gmail.com) (Urbana School District Special Education/8th Grade Boys Head Coach) (708) 220-6347 text/call

**Head Coach Coach Sarah Keating-** [skeating@usd116.org (](mailto:skeating@usd116.org)UMS Teacher) (815)370-5598 text/call

Mission of Champaign Heat Basketball:

The purpose of this team is to further the maturation of young basketball athletes to young adults. Our focus, objective and goal, is to have the best athletes on and off the court every time we play. Through the various challenges and experiences we will face together as a team, we hope to utilize those opportunities to further develop the athletic and professional development of our Champaign Heat youth athletes.

**Travel:**

**\*PLAYERS WILL BE REQUIRED TO COVER THEIR OWN MEALS AND OTHER ACCOMMODATIONS AT GAME EVENTS.**

**\*CHAMPAIGN HEAT DOES NOT PROVIDE ANY TRANSPORTATION. PLEASE TAKE TIME TO LOOK AT THE SCHEDULE AND VOLUNTEER TO DRIVE/CARPOOL. WE NEED PARENTS TO COME ON TRIPS TO HELP TRANSPORT THE TEAM, PROVIDE LODGING, AND FOR SUPERVISION\***

Weekly practices will be held at Douglass Rec. PLEASE NO SIBLINGS OR FRIENDS AT PRACTICE, **THEY ARE NOT COVERED BY OUR waivers, THEY ARE NOT ALLOWED (unless supervised by and adult).**

**Things to do list:**

**Due 2/10/17** –Permission Slip/Participant Information Form /Medical History Form/Copy of Insurance Card/Copy of Birth Certificate (if we don’t have it already or has been recently updated)/ Copy of current report card/**$35 UNIFORM FEE, $30 Activity Fee**

**Due 2/24/17**-**$165 team fee 1**

**Middle School Girls 2017 Travel Budget**

Month Tournament Cost

(\* requires 1-2 night hotel stay, prepare and plan ahead)

March. 4th onedayshootouts.com Spring Slam- Schaumburg, IL (3+games) $210

March 18-19th Gametime Gym-Spring Shootout– Bloomington, IL (3+games) $195

April 8th Hot Shots Peoria 1 Day Shootout-Peoria, IL (3+ games) $225

\*April 29-30th USJN Windy City Classic-Chicagoland, IL (4+games) $685

May 6-7th Gametime Gym-Spring Shootout– Bloomington, IL (3+games) $195

May 20th Hot Shots Peoria 1 Day Shootout-Peoria, IL (3+ games) $225

\*May 27-29th AYBT MAY MADNESS STATE TOURNEY, Mt. Pleasant, MI (6+games) $395

**Total Team Costs (not team fee) :** -**$2,130**

**Team FEE: $165.00 per player ( if 13 players)**

This Budget reflects the Heat having a 13 player roster, if our numbers decrease the budget will change. Parents and Players are responsible for their travel and lodging. If for any reason you need assistance or need to make additional payment arrangements, please do not hesitate to contact Coach KG or Coach Sarah so we can attend to your situation (we know money does not grow on trees and people do go through hard times, we will help as much as we can, but keep in mind ultimately this venture is a service for your athlete) as best as we can. Please make out checks for to Coach Kharis Gordon. **IN ADDITION, YOU WILL NEED A UNIFORM Top, THEY ARE A SEPARATE FEE OF $35.** If you have any questions, please do not hesitate to ask! For more information on the tournaments we are scheduled to attend please log on to:

gametimegym.com usjn.com

hotshotsacademy.com onedayshootouts.com ybnetwork.net

\*THESE SITES WILL HELP YOU VERIFY BUDGET’S ACCURACY, PROVIDE YOU WITH HOTEL INFORMATION, SCHEDULE UPDATES, GYM LOCATIONS AND MORE INFORMATION ABOUT THE TOURNAMENTS, PLEASE UTILIZE THEM, THEY ARE FOR YOUR BENEFIT\*

**\*PRACTICES WILL BE 1-2 TIMES PER WEEK AT DOUGLASS REC and possibly at a USD GYM DAY/TIMES ARE TBA**



Spring/Summer 2017 Behavior Contract

**1. PRACTICE IS MANDATORY, DO NOT MISS PRACTICE.**

**-PLEASE CONFIRM ANY VALID REASONS TO MISS/OR BE TARDY TO PRACTICE WITH YOUR COACH BEFORE PRACTICE. 3 MISSED PRACTICES OR TARDIES WITHOUT VALID REASONS COULD RESULT IN DISMISSAL FROM THE TEAM.**

**2. ALWAYS EXHIBIT GOOD BEHAVIORS AND POSITIVE ATTITUDES.**

**-THE COACHES WILL NOT TOLERATE NEGATIVE ACTIONS, BEHAVIORS, LANGUAGE, OR ATTITUDES TOWARDS ANYBODY, INCLUDING TEAMMATES, OTHER PLAYERS, OTHER COACHES, FANS, AND FACILITY STAFF. 3 ACTS OF POOR BEHAVIOR COULD RESULT IN DISMISSAL FROM THE TEAM.**

**3. WE EXPECT 100% EFFORT TO BE GIVEN AT ALL TIMES.**

**-THE COACHES WILL NOT TOLERATE PLAYERS WHO DON’T PLAY THEIR HARDEST, TRY THEIR HARDEST, AND WHO DON’T PUSH THEMSELVES TO BE THE BEST THEY CAN BE. PLAYERS WHO PURPOSELY DISPLAY WEAK EFFORT WILL BE SUBJECT FOR REMOVAL FROM THE TEAM.**

**4. PARENTS MUST ENSURE THAT THEIR ATHELTES HAVE PROMPT RIDES TO AND FROM PRACTICES,GAMES, & TOURNAMENTS.**

**-PRIOR TO, DURING, AND AFTER A CHAMPAIGN HEAT BASKETBALL EVENT, CHAMPAIGN HEAT AND ALL OF ITS’ AFFILIATES ARE NOT RESPONSIBLE FOR YOUR PLAYER. PLEASE PICK UP YOUR PLAYER ON TIME.**

**5. HEAD COACHES WILL BE IN CHARGE OF HANDLING DISCIPLINARY ISSUES THAT MAY ARISE THROUGHOUT THE SEASON. IF NECESSARY, COACH KG WILL HAVE THE FINAL SAY IN DISCPLINARY ACTIONS.**

**Parent Name (print): Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Athlete’s Name (print): Athlete’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,2017**



***2017 Participant Information Form*:**

Legal Name of Participant (must match birth certificate):

Participant's Name: Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Also Known As (Nickname):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_\_

***Parent/Guardian Information*:**

Father's Name:   Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Mailing Address (If Different than Participant's)

                         Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:  Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Mailing Address (If Different than Participant's)

                         Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian's Name:  Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Mailing Address (If Different than Participant's)

                         Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency *Contact Information***:

         Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                         Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PHYSICAL FITNESS AND MEDICAL HISTORY FORM***

**A COPY OF YOUR INSURANCE CARD MUST ACCOMPANY THIS FORM:**

Legal Name of Participant (must match birth certificate):

 LAST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI:\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      GENDER:     MALE:\_\_\_\_\_\_\_\_     FEMALE\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PRIMARY MEDICAL INSURANCE COMPANY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MEMBERSHIP NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME ON POLICY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PARTICIPANT MEDICAL HISTORY:***

(Please circle yes or no)

 1.             Are there any injuries requiring medical attention?                                                 YES         NO

2.             Are there any past surgeries or scheduled surgeries                                              YES         NO

3.             Is the participant currently under the care of a medical practitioner?                      YES         NO

4.             Is the participant currently taking any medications?                                                YES         NO

5.             Does the participant have any allergies (penicillin, bee stings, etc)?                       YES         NO

6.             Does the participant have asthma/require the use of an inhaler?                            YES         NO

7.             Is the participant diabetic/require medication for diabetes?                                     YES         NO

8.             Does/has the participant have/had seizures?                                                          YES         NO

9.             Does the participant wear glasses or contact lenses?                                             YES         NO

10.           Does the participant wear a brace or other medical support device?                      YES         NO

11.           Does the participant have any other physical limitations or medical conditions?    YES         NO

 If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that this information is accurate to the best of my knowledge.  I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time.  Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing, if there is any change in the medical condition of my child.  I also understand that it is my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.  I give the personnel of Champaign Heat Basketball to give consent for medical treatment for my child in my absence.

 Participant's Parent/Guardian Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



***2017 PARTICIPANT AND PARENTAL CONSENT FORM***

I, (participant name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the information given to me by Champaign Heat Basketball.  I would like to be a part of Champaign Heat Basketball.  I understand that my participation is based on my commitment and willingness to follow all rules and expectations of Champaign Heat Basketball. I fully pledge my 2017 Spring/Summer competitive basketball season commitment to Champaign Heat and to no other travel basketball team. I fully understand if I fail to meet Champaign Heat Basketball rules or expectations, I will/may be removed from the team (no refund).

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

  I, (Parent/Guardian), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the information given to me by Champaign Heat Basketball. I recognize and support my athlete’s decision to pledge their 2017 Spring/Summer to play with Champaign Heat Basketball and for no other travel basketball team (school teams are exceptions). I would like my child to be a part of Champaign Heat Basketball.  I understand that my child's participation is based on his/her commitment and willingness to follow all rules and expectations of Champaign Heat Basketball.  I understand if my child fails to meet Champaign Heat Basketball rules or expectations, he/she will/may be removed from the team. I also recognize that Champaign Heat Basketball coaches, the Champaign Park District, and all of its affiliates (all the facilities we will utilize through the season) and volunteers (parents) are not responsible for any injury or property damage you or your athlete may be involved in at any time your involvement is required by Champaign Heat. You also acknowledge that your athlete and you are riding and lodging at your own risk during all travel periods of Champaign Heat Basketball. In case of injury during transportation, Champaign Heat Basketball, the Champaign Park District and all of its affiliates are not responsible. **Next, you agree that for any reason Champaign Heat will not provide refunds of any type. No refunds.** You also agree that Champaign Heat has permission to take photos/video of your child during Champaign Heat events. All photos/video are property of Champaign Heat Basketball and could possibly be used for our website and other publication materials. By signing below you agree that you and your child are responsible for any injuries or accidents that may occur during the Champaign Heat season (including practices, events, all transportation, and hotel stays). Lastly, you agree and give Champaign Heat permission to take and use your child’s images (video or photo) for publication purposes.

 Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Again, thank you for supporting Champaign Heat Basketball. We take our athletes, coaching, and the game of basketball very seriously. We do not do this for fun or recreation. We love empowering youth through basketball! We look forward to working with your athlete and helping him/her develop into a great basketball player on the court and productive citizen off of the court. PLEASE KEEP IN MIND THAT THIS IS COMPETITIVE BASKETBALL, PLAYING TIME IS EARNED, IT IS NOT GUARANTEED. We will always do our best to play everyone as much as we can, however some competitive situations can make that very difficult, and we appreciate your understanding. HOURS OF PRACTICE with experienced coaches and a competitive team are FAR MORE VALUABLE THAN A 40 MINUTE GAME. The schedule includes some very competitive tournaments as well as some less competitive tournaments (they all are competitive however), we do that to provide more opportunities for all. For more information please visit our site,CHAMPAIGNHEATBASKETBALL.SYNTHASITE.COM, follow us on twitter: @champaignheat and instagram: @champaignheatbasketball for all the latest news, pictures, videos, and updates! Thanks again for your participation in Champaign Heat Basketball! As always, GO HEAT!!!!

Sincerely,

Coach K.G.

Champaign Heat Basketball Founder

&

Champaign Heat Coaching Staff

\*(Please turn in pages 4-9 and keep the other pages of this packet for your information purposes)