Alabama Basketball Society LLC: New Trainee Onboarding Packet

Note to Parent/Guardian: All sections must be completed and signed by a parent or legal guardian for trainees under the age of 18.

Membership Application & Contact Information

• • •	
Trainee Full Name:	
Date of Birth (MM/DD/YYYY):	
Trainee Age:	School Grade (Fall):
Current School:	T-Shirt Size (Youth/Adult):
Parent/Guardian 1 Full Name:	
Relationship to Trainee:	
Primary Phone:	Primary Email:
Parent/Guardian 2 Full Name (Optional):	
Relationship to Trainee:	
Secondary Phone:	Secondary Email:
Emergency Contact (Other than Guardian):	
Name:	Relationship:
Phone:	Medical Insurance Provider:
Policy/Group Number:	

Rules of Conduct & Commitment

By signing this document, the Trainee and Parent/Guardian agree to uphold the following standards set by the Alabama Basketball Society LLC (ABS):

A. Trainee Code of Conduct

- 1. **Respect:** Show respect to all coaches, staff, teammates, opponents, and referees at all times.
- 2. Effort: Give 100% effort during every session and be open to coaching and feedback.
- 3. **Punctuality:** Arrive on time and ready to train with appropriate attire, water, and gear.
- 4. **Integrity:** Absolutely **no** profanity, bullying, fighting, or unsportsmanlike conduct will be tolerated.
- 5. **Focus:** Listen carefully to instructions and remain focused on the training objectives.

B. Parent/Guardian Code of Conduct

- 1. **Support the Coach:** Do not interfere with training or coach the athlete from the sidelines. Concerns must be addressed privately with the coach outside of training hours.
- 2. **Positive Environment:** Maintain a positive and encouraging attitude. Focus on effort and improvement rather than solely on winning or mistakes.
- 3. **Communication:** Notify ABS staff immediately if the trainee will be late or absent from a scheduled session.

Consequences: Failure to adhere to this Code of Conduct may result in disciplinary action, including a verbal warning, suspension, or expulsion from the program without a refund.

Physical Activity Readiness Questionnaire (PAR-Q)

Please check **YES** or **NO** for each question regarding the trainee. If you answer YES to any question, medical clearance from a physician may be required before the trainee can participate.

Question	YES	NO
1. Has a doctor ever said the trainee has a heart condition and should only do physical activity recommended by a doctor?		

2. Does the trainee feel pain in their chest when doing physical activity?	
3. In the past month, has the trainee had chest pain when <i>not</i> doing physical activity?	
4. Does the trainee ever lose their balance because of dizziness or consciousness ?	
5. Does the trainee have a bone or joint problem (e.g., back, knee, hip) that could be made worse by physical activity?	
6. Is a doctor currently prescribing drugs (e.g., for blood pressure or a heart condition) for the trainee?	
7. Do you know of any other reason the trainee should not participate in vigorous physical activity?	

Details of YES answers or known medical concerns (e.g., Asthma, severe allergies, recent injuries):

Liability Waiver & Consent to Treat

READ CAREFULLY BEFORE SIGNING: THIS IS A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS.

1. Assumption of Risk: The Parent/Guardian acknowledges and agrees that the trainee's participation in basketball training, camps, clinics, and events organized by Alabama Basketball Society LLC (ABS) involves inherent risks, dangers, and hazards which can result in injury, illness, physical or psychological injury, pain, suffering, temporary or permanent disability, economic or emotional loss, and death. These risks include, but are not limited to, those caused by physical activity, falls, equipment use, court conditions,

- and the actions of other participants, coaches, or volunteers.
- 2. Waiver and Release: I, the Parent/Guardian, hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Alabama Basketball Society LLC, its coaches, owners, directors, officers, employees, agents, and volunteers (collectively, "Releasees") from any and all liability, claims, demands, losses, or damages the trainee or I may sustain arising from or related to the trainee's participation in any ABS program, even if the injury or damage is caused by the negligence of the Releasees.
- 3. **Indemnification:** I agree to **INDEMNIFY AND HOLD HARMLESS** the Releasees from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, arising out of or related to the trainee's participation in ABS activities.
- 4. **Consent to Medical Treatment:** In the event of an injury or illness, I hereby authorize ABS staff to secure and administer necessary medical attention, including, but not limited to, first aid, emergency medical services, and transportation to a medical facility. I understand that I am solely responsible for all costs of such medical care and treatment.

I AFFIRM THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE TRAINEE, AM OVER THE AGE OF 18, AND HAVE THE AUTHORITY TO SIGN THIS WAIVER ON THEIR BEHALF. I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE TERMS OF THIS WAIVER AND AGREE TO ITS CONDITIONS VOLUNTARILY.

Parent/Guardian Printed Name:	
Parent/Guardian Signature:	
Date:	
Trainee Signature (Acknowledgement of Rules):	