

CHAPEL HILL PARKS AND RECREATION DEPARTMENT

SUMMER BASKETBALL TEAM REGISTRATION INFORMATION

Summer League Basketball team registration is taken on a first come, first serve basis for the Competitive Division. Registration is limited to the following: 6 (Ages 10-12 yrs) teams, 8 (Ages 13-15 yrs) teams, 6 (Ages 16-18 yrs) teams. All players ages are figured as of August 31, 2019. Packets taken after the leagues have been filled will be placed on a waiting list. All packets must be returned with the items listed below in order to complete the registration process.

Registration Deadline: Until full or May 24.

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- \$450 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

The department reserves the right to check IDs of all players. Players can only play on one Summer League team per



CHAPEL HILL PARKS AND RECREATION DEPARTMENT

YOUTH BASKETBALL COACHING APPLICATION - SUMMER

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

HEAD COACH NAME LOCAL ADDRESS	PHONE (HOME) PHONE (WORK)
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All Head Coaches must be 21 years of age.

ASSISTANT COACH NAME LOCAL ADDRESS	PHONE (HOME) PHONE (WORK)
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Please circle the age group you would like to coach. Player ages are determined as of August 31, 2019. Please indicate 1st, 2nd, 3rd choice preference.

BOYS		Ages 11-12	Ages 13-15	Ages 16-18
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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 _____



CHAPEL HILL PARKS AND RECREATION DEPARTMENT

Parks and Recreation Registration Form

Chapel Hill resident
 Carrboro resident
 Orange County resident
 Non-resident

Receipt # _____



Adult Participant/Parent Information

First Name _____ Last Name _____
 Address _____
 Town _____ State _____ Zip _____
 Home Phone: _____ Work Phone: _____
 Email Address _____ Cell Phone: _____

Spouse

First Name _____ Last Name _____
 Address _____
 Town _____ State _____ Zip _____
 Home Phone: _____ Work Phone: _____
 Email Address _____ Cell Phone: _____

Emergency Contact (other than parent) Name: _____ Relationship to Child: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

Chapel Hill Parks and Recreation welcomes people with disabilities to our programs. Please describe any special needs accommodations requested: We will contact you for additional information.

Registration Information

	First Name	Last Name	Birth Date	Grade	Age	Sex	Activity #	Program Name	Fee
1									
2									
3									
4									
Second choice if program on line _____ above is filled.									
Second choice if program on line _____ above is filled.									
Payment is required at the time of registration. <input type="radio"/> check # _____ (make check payable to Town of Chapel Hill and mail to CHPR, 200 Plant Road, Chapel Hill, NC 27514) <input type="radio"/> money order <input type="radio"/> Mastercard/Visa									

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

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

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 participant(s). I further certify 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.

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.

REFUNDS: NOT ALL PROGRAMS, PASSES, or RENTALS ARE ELIGIBLE FOR A REFUND. Refund requests must be made in writing (parksrec@townofchapelhill.org). If eligible a \$10 processing fee (per class, pass or rental) will be charged. Some refunds require 7 days advance notice. Visit chapelhillparks.org for full refund policy.

Participant signature or signature of parent/guardian (if child is under 18): _____ Date: _____



PARKS AND RECREATION
www.chapelhillparks.org

Register online: www.chapelhillparks.org
 For more information, call (919) 968-2784
 Email parksrec@townofchapelhill.org

CHAPEL HILL PARKS AND RECREATION DEPARTMENT

Formulario de registro de Parques y Recreación

Register On-line at
www.chapelhillparks.org

Residente de Chapel Hill Residente de Carrboro Residente del Condado de Orange No residente

Recibo # _____

Información de adulto participante/ Padre

Cónyuge

Nombre _____ Apellido _____ Nombre _____ Apellido _____
 Dirección _____ Dirección _____
 Ciudad _____ Estado _____ Código P. _____ Ciudad _____ Estado _____ Código P. _____
 Teléfono hogar: _____ Teléfono trabajo: _____ Teléfono hogar: _____ Teléfono trabajo: _____
 Correo electrónico: _____ Teléfono celular: _____ Correo electrónico: _____ Teléfono celular: _____

Nombre del contacto de emergencia (distinto a los padres): _____ Relación con el menor: _____
 Teléfono hogar: _____ Teléfono trabajo: _____ Teléfono celular: _____

Chapel Hill Parques y Recreación da la bienvenida a las personas con discapacidad a nuestros programas. Por favor describa algún alojamiento con necesidades especiales solicitados : Nos pondremos en contacto con usted para obtener información adicional.

Información de registro

	Nombre	Apellido	Fecha de nacimiento	Grado	Edad	Sexo	#Actividad	Nombre del programa	Tarifa
1									
2									
3									
4									
Segunda opción si el programa en la línea _____ se encuentra copado									
Segunda opción si el programa en la línea _____ se encuentra copado									
Se debe pagar en el momento de la inscripción. <input type="radio"/> # de cheque _____ (Haga pagadero el cheque a Town of Chapel Hill y envíelo a CHPR, 200 Plant Road, Chapel Hill, NC 27514) <input type="radio"/> Giro bancario <input type="radio"/> Mastercard/Visa (abajo)									

Para los jóvenes de Atletismo, por favor completa: Dibuja un círculo alrededor de la sección dónde vives en el mapa sección: 1 1A 2 2A 3 3A 4

Talla de la camiseta _____ Nombre _____ talla de la camiseta _____ Nombre _____ talla de la camiseta _____ Nombre _____

* Camisa disponible en tallas juveniles o adultos S, M, L, o XL para las edades 5-9 ; 10 o más años de edad , las tallas de adulto sólo

Yo, el mencionado al inicio, comprendo que la participación en programas recreativos puede incluir actividad vigorosa. Se recomienda una evaluación física completa. Por medio de la presente asumo todos los riesgos y peligros incidentales de participar en el/los programa (s) mencionado anteriormente, incluyendo el transporte hacia y desde todas las actividades, y por la presente renuncio a mi derecho, dejo sin responsabilidad, absuelvo, libero y acepto no hacer responsable a la ciudad de Chapel Hill, sus funcionarios, agentes, y empleados, a la Comisión de Parques y Recreación, entrenadores y copatrocinadores por cualquier demanda que pueda surgir por lesión del participante mencionado. Además certifico que me encuentro físicamente preparado para participar en el programa y no he sido informado de lo contrario por parte de un médico. Además, doy mi autorización a los Hospitales de UNC y/u otra instalación médica certificada a que me proporcionen el tratamiento que ellos consideren necesario.

Política de fotos: El Departamento de Parques y Recreación de Chapel Hill se reserva el derecho a fotografiar a los participantes de los programas para propósitos publicitarios.

Política antidiscriminatoria: La ciudad de Chapel Hill no discrimina a las personas con discapacidades en su admisión, acceso, trato o empleo en sus programas o actividades.

Reembolsos: No todos los programas, pases, o reembolsos son elegibles para un reembolso . Las solicitudes de reembolso deben hacerse por escrito (parksrec@townofchapelhill.org). Si es elegible, un cargo de \$ 10 (por clase, pasar o alquiler) se cargará. Algunos reembolsos requieren 7 días de anticipación. Visita chapelhillparks.org de política de reembolso completo.

Firma del participante o firma del padre/tutor: _____ Fecha: _____



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www.chapelhillparks.org

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