SCOTT ATHLETIC ASSOCIATION, INC.

2025-2026 Boys Basketball

Easy Steps to Register

IMPORTANT – your registration is NOT complete until ALL of the items below have been completed. You cannot sign up for basketball if you have any outstanding balances from other Scott Athletic programs (*INCLUDING Fundraiser OPT OUT fees*).

1. Complete Scott Athletic Association Basketball Application ☐
2. Complete Chesterfield Basketball League Application ☐
3. Sign the Chesterfield County Code of Conduct Form ☐
4. Provide a Copy of Your Child's Birth Certificate (**REQUIRED** even if you played basketball for Scott previously) ☐
5. Attach a Check payable to Scott Athletic Association (or SAA, Inc.) for the fee OR pay online via credit or debit card (we will invoice you). ☐
6. Bring the above items to a signup session (check website) before November 14, 2025. ☐

CHECK HERE TO BE INVOICED FOR YOUR REGISTRATION FEE ____

DO NOT MAIL YOUR REGISTRATION FORMS!!!!!
Please MAKE SURE all boxes above are checked!!!!!

Reminders:

It is the organizations policy to communicate by email. Please make sure your email address (as many as you have) are entered on the appropriate form and also register for email on our website!

Our website (www.scottscorpions.org) will be updated on a regular basis. Please visit the site for information on schedules, times, links, etc.

The Scott Athletic Association, Inc. is a 501(c)(3) non-profit corporation that exists for the purpose of sponsoring youth sports in the Scott Elementary School Boundary within the Enon Community of Chesterfield County, Virginia

SCOTT ATHLETIC ASSOCIATION, INC.

2025-2026 Boys Basketball Registration

Played in 2024-2025? (circle one).....Yes / No If YES, where _____

Name: _____ Date of Birth ____/____/_____
Last First MI Month / Day / Year

Street Address: _____ Age as of 12/31/2025 _____

City, State, Zip: _____ Home Phone _____

Elementary School Boundary: _____ School Attending _____

***** NO UNIFORM WILL BE ISSUED AND NO PLAYER WILL BE ADDED TO A TEAM ROSTER UNTIL ALL SAA FEES (*incl. other Sports*) ARE PAID IN FULL*****

Shirt Size: Youth S M L XL (circle one) **Pant Size**: Youth S M L XL (circle one)

Shirt Size: Adult S M L XL (circle one) **Pant Size**: Adult S M L XL (circle one)

Jersey Number (must be a legal jersey number) Option1: _____ **Option 2:**_____

IMPORTANT MEDICAL INFORMATION: (allergies, medication, hearing, vision, disabilities, etc.)

_____

Fathers Last Name: _____ First: _____ Home Phone: _____

Fathers Cell Phone: _____ Fathers Email Address_____

Mothers Last Name: _____ First: _____ Home Phone: _____

Mothers Cell Phone: _____ Mothers Email Address_____

I/We the parents of the above named candidate for a position with the Basketball Program of the Scott Athletic Association, Inc., hereby give my/our approval for participation in any and all basketball related activities including transportation to and from the activities. I/We know that participation in youth sports may result in serious injuries and protective equipment does not prevent all injuries to all players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Scott Athletic Association, Inc., the organizers, the sponsors, supervisors, participants, and persons volunteering arising out of any injury to my/our child whether the result of negligence or for any other cause except to the extent and in the amount covered by accident or liability insurance. I/We will furnish a copy of a birth certificate for the above named candidate to Scott Athletic Association, Inc. We further acknowledge that we have read and understand and agree to comply with the attached Chesterfield County Code of Conduct.

Date

*** PARENT OR GUARDIAN SIGNATURE: _____ *** _____

_____ Registration fee is $185.00 (includes uniform to keep)

_____Cash _____Check _____E-Invoice

If you wish to pay by credit card, we will send you an "E-Invoice" through paypal to your email. This fee must be paid for your registration to be complete.

Please note: There are no automatic scholarships available nor is there any program subsidizing your registration fees due to school lunch programs. All players must register and pay in full in advance. ***No refunds*** once rosters have been submitted to league (12/1/2025)

ASSOCIATION USE ONLY:

Amount Received: _____ Received By:_____ Date Received _____ Check # / Cash _____

CHESTERFIELD BASKETBALL LEAGUE

APPLICATION TO PLAY BASKETBALL

APPLICANTS NAME: _____ DATE OF BIRTH: _____
STREET ADDRESS: _____ PHONE NUMBER: _____
CITY AND STATE : _____ ZIP CODE: _____
ELEMENTARY SCHOOL BOUNDARY: _____ ASSOCIATION: _____
SCHOOL ATTENDED: _____ GRADE: _____

I/We, the parents or legal guardians for the above candidate for a position on a Chesterfield Basketball League team, hereby give My/Our approval to his/her participation in any and all league activities

I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Basketball League, Inc., the organizers, sponsors, supervisors, participants and person transporting My/Our son or daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return all uniforms and other equipment issued to My/Our son or daughter in as good condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate or other proof of birth of the above named candidate at this or initial sign in.

I/We understand that My/Our son or daughter is an ineligible player if he/she is named on any roster of any official school basketball team, whether public, private or parochial, during the current school year.

Is this candidate covered by Health Insurance? _____ YES _____ NO .
Name of insurance company: _____
Parent/Guardian Signature: _____ Date: _____

FREE AGENT NOT REQUIRING RELEASE

The above named participant qualifies as a free agent without release from _____ association to play for _____ association because his/her parent was a _____ for _____ association the previous year of _____ and is a _____ _____ for the current year.

FREE AGENT REQUIRING RELEASE

The above player is hereby released from _____ association to play for _____ association in the _____ division.
REASON FOR RELEASE: _____
AUTHORIZED BY: _____ (Home Association Voting Rep or President)

APPROVED BY: _____ Date: _____
League Official

PLACE
BIRTH CERTIFICATE STICKER
IN THIS SPACE

11/11/2005

Chesterfield County Parks and Recreation Code of Conduct

The Chesterfield County Parks and Recreation Advisory Commission has adopted the following code of conduct as a result of its concerns for good sportsmanship in cosponsored youth activities. Youth sports can be used as an opportunity for young people to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants. By participating in Chesterfield County Youth Sport Programs, all parties must abide by the Code of Conduct. Violations may result in the loss of privileges at county facilities.

I (and my guests) will be a positive role model for my children and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.

I will respect the officials and their authority. I will refrain from questioning, discussing or confronting coaches during the game, and will take time to speak with the officials or coaches at an agreed upon time and place.

I will remember that children participate to have fun and that the game is for the youth, not the adults.

I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.

I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.

I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

I have read and understand the code of conduct and consent to abide by all listed terms.

Player's Name: _____

Parent's Signature: _____ Date: _____