

SCOTT ATHLETIC ASSOCIATION, INC.

2024-2025 Girls 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.

1. Complete Scott Athletic Association Basketball Application ☐
2. Complete Chesterfield Girls 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 last year) ☐
5. Attach a Check payable to Scott Athletic Association (or SAA, Inc.) for the applicable amount OR pay online via credit or debit card. ☐
6. Bring the above items to a signup session (check website) or contact kel795@aol.com before 11/9/2024 ☐

CHECK HERE TO RECEIVE AN ELECTRONIC INVOICE
TO PAY REGISTRATION FEE BY CREDIT OR DEBIT CARD _____

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.

2024-2025 Girls Basketball Registration

Played Last Year (circle one).....Yes / No If YES, where _____

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

Street Address: _____ Age as of 12/31/2024 _____

City, State, Zip: _____ Home Phone _____

Elementary School Boundary: _____ Jersey Number Last Year _____

***** 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)

Adult S M L XL (circle one) Adult S M L XL (circle one)

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.

*** PARENT OR GUARDIAN SIGNATURE: _____ Date

_____ **Registration fee is \$175.00 (includes uniform to keep)**

_____ **Registration fee is \$120.00 (if re-using 2023-2024 uniform) (must be approved)**

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 (12/07/2024).

ASSOCIATION USE ONLY:

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

CGBL Participation Permission Slip Form

Child's Name: _____

Date of Birth: _____

Age as of December 31st: _____

Address: _____

City: _____ Zip Code: _____

Telephone Number: _____

Elementary School District: _____

Circle one if applicable: I currently play (Middle School / High School / AAU) Basketball

CONSENT: I/We, the parent(s) or legal guardian(s) of the above-named child do hereby give approval to her participation in all league activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from activities; I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Chesterfield Girls Basketball League, Inc., organizers, sponsors, supervisors, participants and persons transporting my/our daughter(s) to and from activities for any claim arising out of any injury to my/our daughter(s), whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We will also furnish a copy of the birth Certificate for the above-named child on or before the day of the first practice session.

PLEDGE: I/We as parent(s) or legal guardian(s) will abide and support all rules, guidelines, and standards as set forth by the Chesterfield Girls Basketball League Inc., and Chesterfield County. I/We understand that any violation committed by me/us will result in my/our suspension and preclude me/us from attending future league games/functions.

Parent/Guardian printed name: _____

Parent/Guardian signature: _____

Player Release Form

The above player is released from _____ Athletic Association to play as a free agent for _____ Athletic Association in the Minor / Intermediate / Junior / Senior Division, during the current year.

NOTE: Middle School/AAU players will not be released, unless the home Association does not field a team in that respective division.

Released By (Voting Rep/Assoc. President): _____ Date: _____

League Use Only

Approved By (Div, Comm.): _____ Date: _____

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: _____