



# THE SAL YOUTH BASKETBALL LEAGUE

Co-ed basketball league for grades 3rd - 8th

## General Information

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ Grade : \_\_\_\_\_ DOB: \_\_\_\_\_ M/F

Contact Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

School: \_\_\_\_\_

Email: **(please print clearly. This is how information is communicated)**

\_\_\_\_\_

## Player Information

Height \_\_\_\_\_ (must be filled out)

Skill Level—Please rate your best guess of your child's skill level from 1-5

1 = Beginner 5 = Played on a travel or school team

### Skills

Ball Handling Right Hand \_\_\_\_\_ Ball Handling Left Hand \_\_\_\_\_ Passing \_\_\_\_\_

Overall Shooting \_\_\_\_\_ Free Throw Shooting \_\_\_\_\_ Speed \_\_\_\_\_

### Intangibles

Aggressiveness \_\_\_\_\_ Ability to take instruction \_\_\_\_\_ Sportsmanship \_\_\_\_\_

Team Player \_\_\_\_\_

**Division 1 (3rd & 4th Grade) ONLY** — Players can request **ONE** other person to be on the same team. They must request each other. If both players do not request the same person, the request may not be honored.

Requested Player: \_\_\_\_\_

## Player Jersey Size

Child Size: Small (6/8) Medium (10/12) Large (14/16)

Adult Size: Small Medium Large Extra-Large Other: \_\_\_\_\_

Please make sure you order the proper size. **When in doubt, order a larger size!**

**League Fee: \$140 for the 10 game/practice season - Covers ref fees, jersey, team photo, and all other league costs. (50% discount for coaches)**

### FOR OFFICE USE ONLY:

Paid: \_\_\_\_\_ Rct # \_\_\_\_\_ Check # \_\_\_\_\_

## Volunteer Coaches (50% discount for coaches)

**I'd like to coach my child's team & I commit to attend the Coaches Clinic and complete concussion training:**

### **Email address:**

**(please print clearly. This is how information is communicated)**

\_\_\_\_\_

Phone Number: \_\_\_\_\_

I'd like to coach with: \_\_\_\_\_

**(One person only please)**



# THE SAL YOUTH BASKETBALL LEAGUE

Page 2

## **PARENT CODE OF CONDUCT**

**As a parent or guardian of an SYBL player, I pledge to be responsible for my (and any parent, guardian or guests of my child) words and actions while attending, coaching, officiating or participating in a SAL event and shall conform my behavior to the following code of conduct:**

1. I will remember that children participate to have fun and that the game is for the youth participants, not adults.
2. I (and my guests) will be a positive role model for my child 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 other sporting event.
3. 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; verbal or physical threats; or using profane language or gestures.
4. I will not engage, or encourage my child or any other person to engage in any behavior which would endanger the health, safety or well being of any coach, parent player, participant, official or any other attendee.
5. I will treat, and insure my child treats, any coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation, game play or ability.
6. I will not initiate, and will not tolerate my child initiating a verbal or physical fight, abuse, negative comments or scuffle with any coach, parent, player, participant, official or any other attendee.
7. I will encourage my child to practice good sportsmanship.
8. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
9. I will promote the emotional and physical well-being of all the athletes ahead of any personal desire I may have for my child to win.

I will respect the officials & SAL Staff and their authority during games and will never question, discuss, or confront coaches, officials or staff at the game, and will take time to speak with them privately at an agreed upon time and place if I have an issue or concern. Failure to comply with this agreement may result in removal from the league.

**Parent/Guardian Signature:** \_\_\_\_\_

## **PLAYER CODE OF CONDUCT**

***I hereby pledge to be positive about my SYBL experience and accept responsibility for my participation by following this Players' Code of Conduct Pledge.***

1. Be a good sport (win or lose); Be honest, fair and always show good sportsmanship to all coaches, players, officials, parents and fans by demonstrating good sportsmanship at every game and practice.
2. Learn the value of commitment to the team. I will attend every practice and game that I can, and will notify by coach if I cannot.
3. Value improving as a player and team more than the final score of the game.
4. Show courtesy and respect to teammates, opponents and coaches.
5. Realize that athletic contests, including practice sessions are educational experiences and opportunities.
6. I will not engage in unsportsmanlike conduct.
7. I will not engage in rude behavior.
8. I will treat everyone, including coaches, parents, players and officials, with respect, regardless of race, creed, color, nationality or gender.

**Player Signature:** \_\_\_\_\_

## **RELEASE INFORMATION**

\_\_\_\_ **Activity Release:** The above name child has my permission to attend the SYBL at The SAL, which is sponsored by The Salvation Army in Royal Oak, MI. I understand that my child is protected by The Salvation Army's insurance coverage, provided the injury occurs between the regular hours of the program and that The Salvation Army or an outside organization is liable for their negligence.

\_\_\_\_ **Photo Release:** In the event that The SAL would wish to use a photo of my child in a publication or website, my permission is granted.

\_\_\_\_ **Health Release:** In the event that a parent or the emergency contact cannot be reached, The SAL Community Center has my permission to secure emergency medical treatment for the above named child. NON-EMERGENCY treatment is not included in this release.

***Initial the above to which you agree and sign here***

**Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_