

BOYS GIRLS

Oneonta Youth Basketball Association Registration Form

FIRST NAME: _____ LAST: _____ M.I.: _____

AGE, AS OF SEPT. 1: _____ D/O/B/: _____ GRADE _____

HOME PHONE: _____ CELL PHONE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

E-MAIL: _____

PARENTS or LEGAL GUARDIANS INFORMATION:

NAME _____ NAME _____

WK# _____ WK# _____

CELL# _____ CELL# _____

Does this child have any medical problems or other conditions that the league administrators should know about? If so, please list below.

I, the undersigned, am aware that concussions are one of the most commonly reported injuries in children who participate in sports. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed. Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport and can result from a fall or from colliding with another participant, the ground or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occurs without loss of consciousness. Continuing to play with a concussion or symptoms of head injury leaves the young athlete especially vulnerable to greater injury and even death.

All participants in the league are covered under an excess accident policy. I, the undersigned, agree to report any accidents or injuries that may occur to my child as soon as possible to the Oneonta Youth Basketball Association. I will not hold liable the City of Oneonta, its employees, the league or any official of the league. I grant permission to coaching personnel or league representatives to authorize and obtain medical care and treatment from any licensed physician at a hospital or medical office should my child become ill or injured while participating in league activities when neither parent/guardian is available. It is further understood that any payment for the cost of such medical treatment, if required, will be the sole responsibility of the parent/guardian.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

**ONEONTA YOUTH BASKETBALL
COACHING APPLICATION**

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Address: _____
(E-911 STREET ADDRESS) CITY STATE ZIP

Home Telephone Number: _____ Alternate Telephone Number _____

The Oneonta Park and Recreation Board has passed a policy effective January 1, 1998, stating you must have a child or children that attend Oneonta City School and/or you must be a resident of the City of Oneonta in order to be a coach.

Have you ever been arrested or convicted of a felony? _____

Do you have a child or children that will be playing in the Oneonta basketball program? _____

Child's Name: _____ Team _____

Child's Name: _____ Team _____

Child's Name: _____ Team _____

POSITION REQUESTING: (circle one) Head Coach Assistant Coach

GRADE: (circle one) 8 & Under 10 & Under 12 & Under

COACHING EXPERIENCE: (INCLUDING BASEBALL, FOOTBALL, BASKETBALL, SOCCER OR ANY OTHER SPORT)
SPORT LEAGUE OR AGE GROUP TEAM YEARS EXPERIENCE

1. _____
2. _____
3. _____
4. _____

REFERENCES:

NAME	ADDRESS	TELEPHONE #	YEARS ACQUAINTED
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1. _____
2. _____
3. _____

If selected as a coach by the Oneonta Basketball Program, I agree to abide by its rules, regulations and by laws and to recognize the authority of the regulating board and it's appointed representatives and committees.

Signature _____ Date _____