

TEAM AGREEMENT/PLAYER CONTRACT

PLEASE INITIAL AT EACH CORRECT SPOT. BY INITIALING YOU ARE AGREEING THAT YOU COMPLETELY UNDERSTAND AND AGREE TO EACH STATEMENT AND CONTRACT AGREEMENT THAT PROCEEDS YOUR INITIAL.

****PLEASE READ EVERYTHING YOU ARE SIGNING SO THAT THERE IS NO CONFUSION****

Initial: _____ I understand that there is a (\$950.00) player registration to join South Florida Heat Elite Basketball program (Spring 2019 Season).

Initial: _____ Of (\$950.00) registration fee, \$300 is due immediately upon acceptance to team. The remaining balance (\$650) will be due over 4-5 smaller payments via auto draft. The spring season registration payment auto draft dates:

Elementary & Middle School Teams: 2/15/19: \$100, 3/1/19: \$140, 4/1/19: \$140, 5/1/19: \$140 and 6/1/19: \$130.00

High School Teams (JV & Varsity) 3/8/19: \$200, 4/8/19: \$150, 5/8/19: \$150, and 6/8/19: \$150.00

Initial: _____ I understand that my child will practice only indoors, and turn in the waiver/ medical release, liability form, insurance information, parent/player contract, and financial responsibility form.

Initial: _____ I understand there is a separate payment for my child spring season uniform. This (apparel fee) payment is \$260 and will cover: Child uniform top, bottom, shooter shirt, team bag and team sneakers.

Initial: _____ I understand my child gear will not be ordered until apparel fee (\$260) is paid in full. The fee is separate from \$950 team registration fee.

Initial: _____ I understand that if I do not meet the obligations defined in the paragraph above my athlete will not be able to participate in team practice or any South Florida Heat Elite events.

Initial: _____ I understand that all leagues and tournaments held outside of the South Florida Heat Elite program are out of South Florida Heat Elite control. Such as game times, gym locations, and cancellation of the league and tournament. Game times, gym locations and cancellations will be communicated to all parents as soon as possible.

Initial: _____ I understand that communications with the team will be done through WhatsApp/E-Mail/web site/text messages. It is the parent's responsibility to check E-Mail/web site/text messages on a regular basis.

Initial: _____ I understand that the best form of communication is text message to your coach.

Initial: _____ I understand that South Florida Heat Elite has full discretion on moving players up or down from one team to the other.

Initial: _____ I understand that I am responsible for all of my Child's expenses when the team participates in May 2019 Tournament in Orlando. Team will provide group hotel reservation number. Parent is responsible for securing own room and travel to/from Orlando.

Initial: _____ I understand that each Player is responsible for an addition \$40 - \$75 fee for this out of town Orlando Florida Tournament. This covers the Coaches travel expense. This fee is separate from the \$950 registration and player apparel fees.

Initial: _____ I understand that a coach can relocate or replace a player if a player does not meet coaches or directors expectations in attendance, commitment and/ or production.

Initial: _____ I understand that playing time is not guaranteed and must be earned with commitment and production.

Initial: _____ I acknowledge that I have received, read and discussed with my athlete the information in the Player/Parent handbook. I understand all of the policies as outlined in the handbook and agree to abide by the rules of the organization.

I acknowledge that I have received, read and discussed with my child the information in the Player/Parent handbook. I understand all of the policies as outlined in the handbook and agree to abide by the rules of the organization. A player may not begin his/her season with a SOUTH FLORIDA HEAT ELITE Basketball Team until all required forms are signed and submitted to the Team manager. The forms include: Handbook Acceptance, Waiver and Medical Release, Insurance information, code of conduct, and financial Responsibility.

Player Name _____ Player Signature _____ Date _____

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

We like to post photos of teams and practices on our website and social media pages (Instagram, Facebook, Twitter and Google plus), by signing below you give South Florida Heat Elite the right to post photos of your athlete.

Parent/Guardian Name _____ Date _____

PERMISSION FORM LIABILITY WAIVER & RELEASE

I understand that participation in South Florida Heat Elite involves risk and dangers of serious and permanent bodily injury and death. I hereby release, hold harmless, discharge and agree not to sue South Florida Heat Elite, all their affiliates and DBAs, all directors, officers, employees, coaches, officials, volunteers, agents, sponsors, advertisers, owners/leasers of premises for and from all liability from my participation in and with these and any other related travel, lodging, social and recreational activities. I also understand South Florida Heat Elite retains the right to use for publicity and advertising, photographs and video taken of the participants.

I have given my child permission to participate in the South Florida Heat Elite events, and I certify that she/he is in good health, has been cleared by a physician and can take part in all physical activities not limited to but including training, practices and games. I am aware of all laws, rules and safety procedures regarding head concussions. If an injury occurs, I authorize the staff members to take any action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an emergency, I authorize the personnel to take action. I have read and understand and agree with all the parent, players and team packets and will follow all rules and code of conduct.

Player Name

Date

Signature

Date



MEDICAL & DENTAL TREATMENT AUTHORIZATION

I, the undersigned, the parent and/or legal guardian of,

_____ (Player) hereby grant permission for South Florida Heat Elite, its officers, employees, coaches, and trainers, to authorize medical or dental treatment for the Player by any available and qualified physician/dentist or other trained medical personnel. In addition, this permission extends to and includes authorization for emergency treatments, procedures, and surgeries for the Player. Furthermore, on-going medical treatment is authorized until such time as the undersigned shall dismiss these physicians/medical personnel in writing and have engaged another qualified physician. This permission and authorization includes admission to a hospital or medical facility if the attending physician deems it necessary.

Player Name (printed)

Date

Parent or Legal Guardian Signature (If player is a minor)

Date



PERSONAL INFORMATION FORM

Player Name Preferred Jersey # Height

Date of Birth Grad Year

School that you will attend or are currently attending

AAU # Expiration

Parents/Guardian

Address

Email

Home Phone Cell Phone Work Phone

Insurance Carrier Policy #

Primary Policy Holder ID #

In Case of emergency contact (Other than parent or guardian)

Relationship Emergency Contact Home #

Emergency Contact Work Emergency Contact Cell

If your insurance carrier requires a phone call prior to treatment or hospital admission, please provide that phone number and/or point of contact:

PLEASE ATTACH A COPY OF THE PLAYERS BIRTH CERTIFICATE

CONCUSSIONS

A concussion is a brain injury, and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of a concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness

- Change in sleep pattern



- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents/guardians, and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly, slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often underreport symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents/guardians, and students is the key for student athletes' safety.

If you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours.

You should also inform your child's coach if you think that your child may have a concussion. It is better to miss one game than miss the whole season. And when in doubt, the athlete sits out. Additional current information regarding concussion management is available from the Centers for Disease Control and Prevention (CDC) at: <http://www.cdc.gov/ConcussionInYouthSports/>.

By signing below, I indicate that I have reviewed the information regarding concussions outlined in this document.

Athlete Name

Date

Athlete Signature

Parent/Guardian Name

Date

Parent/Guardian Signature

HANDBOOK ACCEPTANCE FORM

I acknowledge that I have received, read and discussed with my child the information in the Player/Parent handbook. I understand all of the policies as outlined in the handbook and agree to abide by the rules of the organization. A player may not begin his/her season with SOUTH FLORIDA HEAT ELITE until all required forms are signed and submitted to the coach. The forms include: Handbook Acceptance, Waiver and Medical Release, Insurance information, code of conduct, and financial Responsibility.

Player Name Player Signature Date

Parent/Guardian Name Parent/Guardian Signature Date