



Spring/Summer 2019
www.teamaip.org

Required Documentation Checklist

Student-athlete's Name: _____

Team: _____

Please print out this checklist and include the following documents:

_____ Copy of birth certificate (not needed for returning players)

_____ Copy of front and back of insurance card on one page

_____ Copy of most recent report card

_____ Parent Pledge

_____ Athlete Pledge

_____ AIP Registration form

_____ Anne Arundel County Youth Player Contract

_____ Parent Participation Agreement

_____ Concussion Awareness

If you are unable to attend the Registration Meeting, please put this checklist and all documentation in an envelope and give to your team manager.

Please make all checks/money orders payable to Nakia Hutton

Contact Information

teamaip@yahoo.com



SPRING/SUMMER 2019

Fees for the Spring/Summer 2018 AAU Season will be **\$500.00** per student athlete. We will be pursuing fundraising, donations and sponsorships to offset the cost. We understand that many people have financial burdens. We are looking to participate in fundraising opportunities throughout the season to make the fees affordable. However, we need full parent participation to be able to ensure that our children are able to compete in tournaments and leagues.

Included in the fees, the cost breakdown is as follows:

- Uniform rental – Jersey, Shorts, Bag, and Shooting Shirts
- Fees will help cover the cost of gym space and insurance
- Entry in Spring & Summer Leagues/Tournaments – beginning in March and ending in July
- *Group Training, Conditioning with various trainers and experienced staff- *as available*

******** Not included in the fee is traveling fees, lodging, and food. We will alleviate the cost for travel/lodging for the athletes by fundraising, sponsorships, and donations.***

We understand that this is a financial commitment. Please also consider this as an investment for your athlete. We believe that Anything is Possible, through hard work and dedication, and our student athletes will have access to many growth opportunities. If you have any issues with the current fees, please feel free to contact the AIP Administrator. Thanks! We're looking forward to another great season!

Please do NOT give any money or registration forms to coaches. Please see your team mom to turn in all items, or for any questions or concerns.



Select/Travel Basketball
Registration Spring/Summer 2019

Last Name: _____ First Name: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Gender _____

School: _____ Grade: _____ Height: _____

Mother's Name: _____ Father's Name: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

Medical Concerns: _____

***** All players must provide a copy of birth certificate and most recent report card**

Uniform: (please select one)

Jersey: YS YM YL AS AM AL XL XXL Number Desired: 1st _____ 2nd _____ 3rd _____

Shorts: YS YM YL AS AM AL XL XXL

There is a non-refundable registration fee of \$500.00 The fee covers a uniform rental, shooting shirt, team bag, tournament fees and AAU membership. All checks should be made payable to Nakia Hutton with Team AIP in the memo line and given to the team mom. PLEASE DO NOT GIVE PAYMENTS TO THE COACHES.

I/We hereby give my/our permission for _____ to play for Team AIP Basketball; and waive any and all claims against the organization, it's officers, directors, coaches, managers, or any other person affiliated with the organization for injury/injuries sustained by a player or any other member of his/her family while watching, playing or traveling from games. I hereby grant permission to managing personnel or other league representative to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participation in league activities when neither parent or legal guardian is available to grant authorization for emergency treatment. I agree to abide by all league rules/regulations/school facilities' rules and understand that I am responsible for my child(ren)'s actions and conduct at all times. I will also be held financially responsible for any damage caused by my child(ren) to any league facilities or Anne Arundel County School property. I understand that failing to abide by above mentioned rules and regulations will result in expulsion of my child(ren) from the league.

Print Name: _____ Date: _____

Signature: _____

Staff Use Only:

Team _____ Amount Paid _____ Check #: _____ Cash: _____ Registered By: _____



UNIFORM RENTAL AGREEMENT

I, _____, on behalf of my minor child, _____,

agree to lease a uniform from Team AIP Basketball. This uniform will be worn for the 2019 spring/summer season. The uniform is defined as one game jersey and one pair of game shorts. This uniform is to be worn for game purposes only.

No part of the uniform shall be worn to practices.

I agree to maintain the uniform in the condition in which it was received, excluding general wear. I agree to keep the uniform clean.

I also agree that the full and complete uniform shall be returned to Team AIP upon request. Shall I fail to return the uniform within 30 days after the request, I will be charged a replacement fee, which must be paid to Team AIP. The red and white HYSL AIP uniform replacement fee is \$100 and the Maryland AIP uniform fee is \$275.

____ I have received the red & white HYSL AIP uniform. The number on the uniform is _____.

____ I have received the Maryland AIP uniform. The number on the uniform is _____.

Parent's Signature

Date

Student-Athlete Name

Staff Only:

Uniform Returned _____

Date of Initial Contact _____



Team AIP Player's Pledge

Spring/Summer 2019

The athletes have a significant role in the success and growth of our program. By initialing each item and signing below, you are agreeing to uphold the following standards and rules:

_____ As a member of Team AIP basketball program, I understand that I represent the program, my parents and my teammates.

_____ I will conduct myself in a respectful manner with officials, players, coaches & parents at all times.

_____ I will have a positive attitude at all times

_____ I pledge to "HONOR THE GAME".

_____ I promise to be a team player. There is no "I" in TEAM.

_____ I will not make negative comments about my coaches or any player on the team during games or practices.

_____ I will not criticize others; gossip about others or complain about others.

_____ I will maintain control of my emotions, avoiding use of abusive or vulgar language and threats or use of physical violence. I understand that such behavior will not be tolerated by Team AIP.

_____ I understand that it is my responsibility to take care of my uniform, shooting shirt and travel bag.

_____ I understand that I am not guaranteed any certain position or any amount of playing time. I understand that playing time is earned not given.

_____ I understand that it is very important to attend all practices in order to get better and develop individual skills and team success. I also understand that if I miss practice, my playing time could be affected. Again, I understand playing time is earned not given.

_____ I understand that I must maintain my grades in school which are acceptable to my parents. School work comes first. I understand that I am a student athlete, which means I am a student first.

_____ I will respect the property of others, including the gyms where I practice and play games. After practices and games, I will collect all of my belongings and leave the gym as I found it.

_____ If I make a mistake, I will learn from it and continue to give my best effort to the team.

_____ I promise to have good sportsmanship, win or lose.

By signing this pledge, I agree to abide by the rules above and I will conduct myself appropriately & within the spirit of the above guidelines, which I have read

Athlete's Name: _____ Grade: _____

Athlete's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Team AIP Parent Pledge

Spring/Summer 2019

The parents of our athletes have a significant role in the success and growth of our program. By initialing each item and signing below, you are agreeing to uphold the following standards and rules:

_____ I pledge to make sure my student athlete attends all practices and games. I will inform the Team Mom about any missed practices and games before they occur. Playing time is earned, not given.

_____ I pledge to encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every practice or game.

_____ I pledge to place the emotional and physical well-being of my student athlete first. There will be plenty of opportunities to compete, health comes first. I will report any significant injuries immediately to the Head Coach.

_____ I pledge to "HONOR THE GAME". I understand the importance of setting a good example for my child. No matter what others may do, I will show respect for all involved in the game including coaches, players, opponents, opposing fans and officials. I understand that officials make mistakes.

_____ I pledge to remember this organization is for student athletes to improve their skills, for future opportunities. The athletes always come first.

_____ I pledge to do my/our best to assist the team with all associated activities, car pools, fundraisers, etc. If I am unable to assist/participate I will give advanced notice so that we are able to accommodate all of our student athletes. ***We understand that you may have other pressing obligations, however we need full participation from all parents.*

_____ I pledge to refrain from negative comments or actions when in the stands at games. I also represent the AIP organization and we pride ourselves on our positive, encouraging atmosphere for our players, coaches and players from other organizations.

_____ I pledge to allow the coach for my child's team to coach my athlete and the other players on the team. Coaching from the stands can be very distracting for the players, and unfair to them to have to choose between listening to their coach and listening to their parent. **Remember, you cannot correct every mistake in a game. Development takes time, practice and patience. Encourage, do not criticize. They will develop faster if they are not afraid to make mistakes.*

_____ I pledge to respect the buildings and facilities we use by cleaning up after all practices and games.

_____ I pledge that my athlete and I understand that using profanity or any other unsportsmanlike conduct will not be tolerated.

_____ I understand that any violation of this parent pledge may lead to dismissal from the team without any refund.

Name of Player: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent Participation Agreement

Spring/Summer 2019



In addition to season fees, Team AIP relies on the funds generated by fundraising. Money earned from these events goes directly to the organization's operating budget. Team AIP is a parent-coach cooperative. This means that parents join the coaches in contributing to the well-being of the organization. There will be a multitude of small ways to help at various moments in time and you can choose which of these to do. We must, however, have a declared commitment from each family for solid participation in one or more of the following major fundraising events. Solid participation means full participation from student-athletes and parents during fundraising events.

Financial Contribution Option

This option allows those that may have significant time limitations a means to participate fully in the fundraising efforts of Team AIP. Those choosing this option will make a contribution of \$75 per fundraising event. Families choosing this option will be considered to have completed their fundraising obligations per event. At the same time, of course, they are more than welcome to join in the community spirit of any fundraising events as they so choose.

Please remember that attending all fundraising events as a supportive parent/family is always encouraged—and is rather vital to the overall success of our fundraising program.

Other suggestions: (Suggestions will be considered by the staff. Use back of form if necessary.)

I understand that failure to meet my commitments to the collaborative effort may result in my student-athlete not being able to participate in upcoming games. My signature below indicates my understanding that I will either fulfill my fundraising commitment or I will pay the \$75 Financial Contribution Option per fundraising event.

Student-athlete's name (please print)

Parent/Guardian Name (please print)

Signature/ Date

Parent/Guardian Name (please print)

Signature/ Date

Permission to use Student's Photographs/Video

During the course of the season, Team AIP may wish to use photographs of our student-athletes on the website, and possibly for promotional purposes.

_____ Consent to using my child's image _____ DO NOT consent to using my child's image



YOUTH PLAYER CONTRACT

REVISED JANUARY 2012

SPORT ORGANIZATION AGE GROUP TEAM
PLAYER'S LAST NAME PLAYER'S FIRST NAME DATE OF BIRTH HOME TELEPHONE
PLAYER'S STREET ADDRESS / CITY / STATE / ZIP NAME OF SCHOOL

- 1 Did you play this sport last year in an Anne Arundel County Recreation & Parks league?
2 Are you playing for the same organization?

If you played in an Anne Arundel County Recreation & Parks sponsored league last year for a different organization (answered Yes to Question 1 and No to Question 2), you must attach a player release form for this contract to be valid.

PLAYER'S AGREEMENT: I agree to play with the above team during the upcoming season or until I am given my release in writing by the Department of Recreation & Parks.

CODE OF CONDUCT: As a Player, I understand that I must follow these rules to stay in good standing.

- 1 Respect the game, play fairly and follow it's rules and regulations.
2 Show respect for authority to the officials of the game and of the league.
3 Demonstrate good sportsmanship before, during and after games.
4 Help parents and fans understand the league philosophy so they can watch and enjoy the game.
5 Be courteous to opposing teams and treat all players and coaches with respect.
6 Be modest when successful and be gracious in defeat.
7 Respect the privilege of the use of public facilities.
8 Refrain from the use of drugs, tobacco, alcohol and abusive language.

PLAYER'S SIGNATURE DATE SIGNED

PARENTS PLEDGE: I recognize that parents are the most important role models for their children and that amateur athletics help to develop a sense of teamwork, self worth and sportsmanship. I encourage my child to play by the rules and respect the rights of other. I understand it is important to enforce rules of play and set conduct standards as necessary components in athletics and life. I will at all times encourage my child to play by the rules, respect the game officials' decisions and not criticize a game official's ruling during or after an athletic contest.

CODE OF CONDUCT: As a Parent, I agree to abide by the following.

- 1 Encourage good sportsmanship by demonstrating positive support for all players, coaches, fans and officials at games, practices and other sporting events.
2 Place the well being of my child before a personal desire to win.
3 Advocate a sports environment for my child that is free of drugs, tobacco, alcohol and abusive language, and refrain from their use during youth sporting events.
4 Encourage my child to play by the rules and respect the rights of other players, coaches, fans and officials.
5 I acknowledge that I have read the A.A. County Department of Recreation & Parks Concussion Awareness Form found on-line at the Recreation & Parks website www.aacounty.org/recparks.

PARENTS PERMISSION: I give my permission for my child to play with the above team and hereby waive any and all claims against the Department of Recreation & Parks, its employees or other persons affiliated with the league, from injuries sustained as a participant or while traveling to/from a game.

PARENT'S SIGNATURE DATE SIGNED WORK TELEPHONE

Mid-Atlantic Recreation & Parks Sports Alliance: Failure to comply with the above standards may result in disciplinary actions by the following member organizations - City of Alexandria, City of Annapolis, Anne Arundel County, Arlington County, Baltimore County, Carroll County, Charles County, City of Baltimore, City of Bowie, City of Frederick, City of Gaithersburg, City of Greenbelt, City of Rockville, City of Westminster, DC Parks & Recreation, Frederick County, Harford County, Howard County, Kent County, Maryland National Capital Park and Planning Commission, Montgomery County, MYLA, National Softball Association, Ocean City, Queen Anne's County, St. Mary's County, Town of Herndon, Talbot County, US Lacrosse, YMCA of Central MD, Wicomico County, and Worcester County.

CONCUSSION / SUDDEN CARDIAC AWARENESS

CONCUSSION

What is a concussion?

A concussion is a type of traumatic brain injury causing an immediate and, usually, short-lived change in mental status or an alteration of normal consciousness resulting from a bump, blow, jolt, shaking or spinning of the head and body.

Warning signs of a concussion—For immediate Attention Call 911

Signs observed by a parent/guardian:

- Appears dazed or stunned
- Is confused about assignment or position
- Forget sports plays
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Signs reported by the athlete

- Headache or "pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

What Should You Do If You Think a Concussion Has Occurred?

1. Seek medical attention right away. A health care professional will be able to decide the severity of the concussion, and when it is safe to return to play.

2. Keep your child out of the game until medically cleared.

Concussions take time to heal. Do not let your child to return to play until a health care professional says it's OK. Children who return to play too soon, while the brain is still healing, risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime..

3. Inform all coaches about any recent concussions. Coaches should know if your child has a recent concussion. You child's coach may not know about a concussion your child received in another sport or activity unless you tell them.

4. Help your child son return to the school safely after a concussion. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and youth returning to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at activities
- If in doubt.... **SIT IT OUT!**

SUDDEN CARDIAC ARREST

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating.

Sudden Cardiac Arrest:

- Occurs suddenly and often without warning
- Is a malfunction in the heart's electrical system
- Causes the person to lose consciousness (passes out) and have no pulse
- **May cause death within minutes if not treated immediately**

Warning Signs of Sudden Cardiac Arrest – For Immediate Attention Call 911

Although SCA happens unexpectedly, some people may have signs and symptoms, such as:

- Fainting or seizures during exercise
- Unexplained shortness of breath
- Dizziness
- Extreme fatigue
- Chest pains
- Racing heart

Any of these symptoms/warning signs that occur while exercising may necessitate further evaluations from your physician before returning to practice or games.

Treatment for Sudden Cardiac Arrest

1. Call 911
2. Begin C.P.R.
3. Use an Automated External Defibrillator (A.E.D)

Removal from play/Return to play

Any athlete who shows signs and symptoms of SCA should be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.

Before returning to play, the athlete should be evaluated. Clearance to return to play should be submitted in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professional.

What are the risks of practicing or playing after experiencing these symptoms?

- There are risks associated with continuing to practice or play after experiencing these symptoms.
- When the heart stops, oxygenated blood stops flowing to the brain and other vital organs.
- Death or permanent brain damage can occur in just a few minutes
- **Most people who experience SCA die from it.**

I have read and understand the Concussion / Sudden Cardiac Arrest Information Sheet:

Signed Parent / Legal Guardian