

# SHOOTINGSTARS AAU BASKETBALL PROGRAM

## PLAYER/PARENT CONTRACT

This contract is entered into between the SHOOTINGSTARS AAU BASKETBALL PROGRAM ("Club"), whose business address is 111 South Franklin Avenue, #1221, Valley Stream 11582-1221 and

XX \_\_\_\_\_

In consideration for the Club permitting the above player to participate in its AAU Basketball Program, Player/Parent agrees to the following:

Player/Parent understands that the Club's AAU Basketball season will take place from approximately March through August. Player/Parent agrees that Player shall make a commitment to play for the Club for the full duration of the above referenced season. Player/Parent understands that the estimated fees and costs assessed for Player's participation are:

\$695 Girls/Youth Boys/Non Travel or JV/HS/Travel \$700

Player/Parent understands that these fees and costs are non-refundable in the event Player is suspended from the Club or voluntarily terminates participation prior to or during the season.

Player/Parent agrees to make timely payment of all fees and costs set forth herein.

### **1st installment due Immediately (50% deposit);**

Equal installment(s) due 14 days thereafter

**You may also go online at [vsshootingstars.com](http://vsshootingstars.com) or [NyShootingStars.com](http://NyShootingStars.com) for payment info**

Any uniforms, accessories, equipment, or other gear can be withheld until fees are paid in their entirety and all required forms have been submitted. All Schedules are subject to change in accordance with team's competitiveness.

In the event there are any travel, lodging or meal costs for Player which are above and beyond the assessed fees to participate in the Club, Player/Parent agrees to be solely responsible for these cost. If Player/Parent does not timely pay the fees and costs owed to the Club, Club may seek to enforce the terms of this agreement through legal means. If Club is forced to take legal action, all legal expenses incurred will be attached to the debt owed.

Player/Parent acknowledges that Player is in good health and good physical condition and understands that there are risks inherent in any physical activity. Parent/Player assume the risks and accept the consequences involved in participation in this program. In the event of illness or injury to Player, Parent gives consent to have any treatment deemed necessary by a local licensed physician or dentist and the transfer of the Player to a nearby hospital, if necessary. Please attached on separate paper any medical history, including allergies, medications being taken, and physical impairments of the Player (if n/a, please circle this word "none").

I will set an example for my child by Honoring the Game and will encourage him/her to have respect for the Rules, Opponents, Officials, Teammates, and Self. I understand that playing time is not guaranteed. One of the objectives as a competitive basketball organization is to teach the athletes to win and be competitive in as many games as possible. I understand that in close games, some players may get more playing time than others, but the coaches will do their best to ensure that all players are afforded an opportunity to participate in the competition.

I will not coach from the sidelines, either during practices or competition. I will let the coaches do their job. I will limit my comments during the game to encouraging my child and the other players.

I will not approach a coach or the program director, immediately after a game. If I have an issue, I will wait 24 hours before reaching out.

I will encourage my child to do his/her best at all times and I understand that if my child miss practices/games this may affect his/her playing time.

I understand that I am responsible for my son/daughters behavior during practices, games, traveling, etc.

I am also responsible for ensuring my child's behavior on route to and from and during conditioning training. I understand that any misconduct or reckless behavior from my child, could result in loss of playing time and/or possible termination from the team.

I understand that there is a no refund policy.

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PLAYER/PARENT CONTRACT**

**RELEASE OF LIABILITY - WAIVER FORM**

IN CONSIDERATION of being given the opportunity to participate in this AAU basketball program (the "Activities"), for as long as the player participate, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of AAU basketball, and that the player qualified, in good health, and in proper physical condition to participate in such Activities.
2. FULLY UNDERSTAND that:  
(a) AAU basketball involves RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS", ALL OF WHICH RISKS ARE INCREASED BY CONDUCTING THEM INDOORS.)  
(b) these risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activities taken place, or the negligence of the Releasee named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time: and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I INCUR AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES.
3. AGREE AND WARRANT that I will examine and inspect each Activities in which I take part as a participant of the ShootingStars and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activities and will refuse to take part in the Activities until the condition has been corrected to my satisfaction.
4. HEREBY RELEASE, discharge, and covenant not to sue ShootingStars, vs shootingstars, NyShootingStars, NVShootingStars, "Club", its instructors, members, directors, agents, officers, volunteers, employees, sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activities takes place, (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.
5. I authorize the use and reproduction of photos taken during my child's participation to be used for any and all purposes and/or promotions.

**AGREEMENT**

I understand that this agreement is three (3) pages in its entirety and I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

PARENT/GUARDIAN. By signing my signature below, I am agreeing that I am 18 years old or older and/or I am the parent/legal guardian of the child listed above, and have read the entire contract and waiver and agree to its terms on behalf of my child and myself.

Print Full Name: \_\_\_\_\_

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

Name and Address of Parent/Guardian's Employer:

\_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_