Mid-Missouri Mavericks Family Directory and Registration Form

Parent(s) Name(s):					Date:					
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	;	Street			Ci	ty		State	Zip	
eg	istration	Information	n						1	
	Player's	s Name(s)		Weight JV/V only	Height JV/V only	Grade	Birthdate MM/DD/YY	Registration Fee (see below)	Uniform Fee (see below))Multi-pla Discoun (see belo
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2										
3										
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ca	idemic Eli	ligibility <mark>(JV</mark>		ake check	s payable t	о МММ	(Mid-Misso	ıri Mavericks)	'earbook)	
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being allowed to participate in any way in the Mid-Missouri Mavericks Basketball program, related events and activities, the undersigned acknowledges, appreciates, and agrees to the following:

- 1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, officials, and personal discipline may reduce this risk, the risk of serious injury does exist.
- 2. FOR MYSELF, SPOUSE/MATE, AND CHILD/CHILDREN, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM NEGLIGENCE OR OTHERWISE, TO THE FULLEST EXTENT AS PERMITTED BY LAW
- 3. I willingly agree to comply with the Mid-Missouri Mavericks Basketball coaches and staff during participation. If I observe any unusual, significant concern in readiness of any listed player to participate and/or the program itself, I will remove said player(s) from participation and address the matter immediately with the coach, member, or interested party.
- 4. I myself, my spouse/mate, my child and on behalf of my/our heirs, assigns, personal representatives, and next of kin, hereby release the other participants, members of Mid-Missouri Mavericks Basketball, sponsoring agencies, sponsors, advertisers, and if applicable, owners and renters of activity facilities releases, even if arising from negligence or otherwise to the fullest extent as permitted by law;
- 5. I myself, my spouse/mate, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my or my child's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent as permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, UNDERSTAND FULLY ITS TERMS AND CONDITIONS, UNDERSTAND THAT BY SIGNING THIS RELEASE I AM GIVING UP SUBSTANTIAL RIGHTS, AND SIGN IT OF MY OWN FREE WILL, VOLUNTARILY WITHOUT INDUCEMENT.

Name of Parent/Guardian (please print)

Signature	Date
UNDERSTANDING/ACKNOWLEDGEMENT OF RISK:	
I understand the seriousness of the risk involved in participation in this program, my personal regulations and rules, and accept them as a player/participant.	responsibilities for adhering to
Player 1: Print name	
Signature	Date
Player 2: Print name	
Signature	
Player 3: Print name	
Signature	
Player 4: Print name	
Cignotura	Data

Mid-Missouri Mavericks Basketball Consent to Medical Treatment & Emergency Contact Information

	CONSENT TO MEDICAL TREATMENT					
	In case of a medical emergency requiring immediate attention, I hereby authorize any necessary medical treatment to be given to					
	(print child's full name)					
	of whom I am the parent/guardian.					
	This authorization includes admission to the hospital in my absence if it is recommended by my child's physician, a consulting physician, or the emergency room/urgent care physician in their absence.					
	My signature testifies that I am the parent or guardian of the child named above. I will be responsible for the charges for medical treatment authorized by the use of this document. This authorization is effective for the duration that my child is participating in the Mid-Missouri Mavericks Basketball program.					
	PARENT/GUARDIAN SIGNATURE DATE					
INSURANCE	E INFORMATION					
Insurance C	company: Policy Number:					
ID Number:	Certification Number:					
Does compa	any require pre-admission certificate/notification? YES NO (please circle one)					
If yes, pleas	e provide phone number:					
	EDICAL HISTORY Name:					
Child's Birth Date: Date of Last Tetanus Shot:						
Known aller	gies or reactions:					
Chronic Med	dical Conditions:					

Child takes the following medications (list dosage and time	es taken):
Medical Limitation (the school should be aware of):	
Child has been hospitalized (most recently) for:	
When? Where?	
CHILD'S PHYSICIAN	
Name: Office Nu	umber:
PARENT CONTACT INFORMATION	
Father's Full Name:	Cell Phone:
Father's Place of Employment:	Work Phone:
Mother's Full Name:	Cell Phone:
Mothers' Place of Employment:	Work Phone:
ALTERNATE CONTACTS (to be contacted in an emerg	ency if parents are unreachable)
Name:	Name:
Relationship:	Relationship:
Phone Number #1:	Phone Number #1:
Phone Number #2:	Phone Number #2:
City & State:	City & State:
ADDITIONAL NOTES	

Parent Signature Page (All referenced documents are available in the "Additional Registration Info" file.)

I have read and agreed to the Parent Expectati	ons and will encourage my family to do the same.
I have read the Athlete Code of Conduct and wagreement.	rill encourage my child to adhere to that
 I have read the Discipline Guidelines and agree 	e to support the coaches in their role of influence
and authority over my child and his/her teamm	•••
☐ I have read the NCHC Eligibility Guidelines and	
participation on the team.	
☐ I have provided medical information and signe	d the Medical and Liability Release
Thave provided medical information and signe	a the Wedical and Elability Release.
Signature:	Date:
Photography/Media Release	
I agree that Mid-MO Mavericks may use photo child's name for educational and promotional publications, website, social media, or other m audience.	purposes, which may include audio, video, print
☐ No, I DO NOT want my child's photograph, ima	ge or video used in any way.
Signature:	Date:
Athlete Code of Conduc	ct Signatures
I have read and agreed to the Athlete Code of Conduct.	
1. Player #1 Print Name:	
Signature:	Date:
2. Player #2 Print Name:	
Signature:	Date:
3. Player #3 Print Name:	-
Signature:	Date:
4. Player #4 Print Name:	-
Signature:	Date:
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Volunteer Opportunities (We will train you)
Please indicate which parent and/or child is willing to volunteer for a position

Name	
	Volunteer Coordinator
	Finds volunteers, schedules them, and communicates with them.
	Game Day Manager
	Arrives 30 minutes early to set up chairs and pregame needs. Distributes stat sheet, book and video equipment to volunteers. Assists parent volunteers with cleanup. Ensures all equipment and areas are cleaned: removes trash, sweeps and pushes bleachers, sweeps under bleachers, organizes lost and found, and stores folding chairs.
	Game Video
	R the video on the provided phone for the game.
	Game Bookkeeper Sits by the score clock and keeps points, fouls, and official score for both teams.
	Game Clock
	Sits at the score table and runs the clock (home/tournament games only).
	Stat Keeper
	Sits in the crowd and keeps stats for the Mavs (rebound, assists, steals, turnovers). Concession Worker
	Runs the concession stand during home games, able to manage money and food.
	Concession Coordinator
	Someone from each team to manage the drinks and concessions (no hot foods) for each
	team (JH, JV & V - boys and girls).
	Admissions / Gatekeeper
	Collects the admission fees during our home games.
	Clean Up Committee
	Cleans up, empties trash, sweeps, cleans up concession area at gyms post games.
	Post-Game Coordinator
	Plans and communicates any post-game gatherings/dining for the team.
	Photographer
	Comes to team photo day for individual and team photos, and game photos to share. Yearbook Coordinator
	Produces the yearbook with individual and team photos and season highlights. Highlight Video Producer
	Produces the year-end highlight video for the award banquet.
	Award Banquet Coordinator
	Organizes décor, food, and program for the awards banquet.
	Game Program Designer
	Produces the game program with rosters, schedules, and sponsors.
	Service Project Coordinator
	Finds service projects for the team, then plans and communicates to the team.
	Fundraising Coordinator
	Finds opportunities and promotes events to raise money for the program.
	Team Wear Coordinator
	Works with Tee Public or another vendor to provide fan gear promoting the team.
	Summer Program Coordinator Plans off-season events, fun events, skills development, and tournaments.
	Media Coordinator
	Manages social media for the team.
	Hotel Coordinator
	Finds hotels for the tournaments and then communicates the options to the team.