Mid-Missouri Mavericks
Family Directory and Registration Form

Parent Name(s):_____Date:_____

Address:_____
Street City State Zip

Registration Information

	Player Name(s)	Weight JV/V only	Height JV/V only	Grade	Birthdate MM/DD/YY	Registration Fee (see below)	Uniform Fee (see below)	)Multi-player Discount (see below)
1								
2								
3								
4								

Fees Due by September 22, 2026
Junior High Registration Fee: $200
JV/Varsity Registration Fee: $400
JV/Varsity Uniform Fee: $130 - *Uniform fee is only for JV/V players who do not already have a JV/V uniform. JH uniforms are on loan to the player each season so there is no additional cost.*
Yearbook Fee: $22 each Are you interested in ordering? ☐Yes ☐No If yes, how many _____ x $22 = _____

Multi-player discount! (regardless of team)
$50 off for each additional player

Total Payment (Registration + Uniform - Discount + Yearbook) _____
Please make checks payable to MMM (Mid-Missouri Mavericks)

Academic Eligibility (JV/Varsity teams only) *No more than 3 classes outside the home.*

	Player's First Name(s)	# of classes in public, private, dual-credit, or university-model.	# of classes in home, local, coop, or online.	2.0 GPA or higher?	School attended last year?	Date home- schooling began:
1						
2						
3						
4						

Contact Information

☐ **Yes, add the following to the Remind notifications and email communications!**

	Cell Number	Email Address
Father		
Mother		
Player 1		
Player 2		
Player 3		
Player 4		

☐ Keep my information private from the family directory. *Player's cell numbers are never added to the family directory.*

Family Directory Information
For our family directory, please list names and ages of children not registered and living at home:

_____

Release of Liability
In consideration of the listed player(s)

_____

_____

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 responsibilities for adhering to regulations and rules, and accept them as a player/participant.

Player 1: Print name _____

Signature _____ Date _____

Player 2: Print name _____

Signature _____ Date _____

Player 3: Print name _____

Signature _____ Date _____

Player 4: Print name _____

Signature _____ Date _____

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 INFORMATION

Insurance Company: _____ Policy Number: _____

ID Number: _____ Certification Number: _____

Does company require pre-admission certificate/notification? YES NO *(please circle one)*

If yes, please provide phone number: _____

CHILD'S MEDICAL HISTORY

Child's Full Name: _____

Child's Birth Date: _____ Date of Last Tetanus Shot: _____

Known allergies or reactions:

_____

_____

Chronic Medical Conditions:

_____

_____

Continued on the next page…

Child takes the following medications (list dosage and times taken):

_____

_____

Medical Limitation (the school should be aware of):

_____

_____

Child has been hospitalized (most recently) for:

_____

_____

When? _____ Where? _____

CHILD'S PHYSICIAN

Name: _____ Office Number: _____

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 emergency if parents are unreachable)*

Name: _____

Relationship: _____

Phone Number #1: _____

Phone Number #2: _____

City & State: _____

Name: _____

Relationship: _____

Phone Number #1: _____

Phone Number #2: _____

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 Expectations and will encourage my family to do the same.
- ☐ I have read the Athlete Code of Conduct and will encourage my child to adhere to that agreement.
- ☐ I have read the Discipline Guidelines and agree to support the coaches in their role of influence and authority over my child and his/her teammates.
- ☐ I have read the NCHC Eligibility Guidelines and confirm that my child meets the requirements of participation on the team.
- ☐ I have provided medical information and signed the Medical and Liability Release.

Signature: _____ Date: _____

Photography/Media Release

- ☐ I agree that Mid-MO Mavericks may use photographs, images, and/or video of my child and my child's name for educational and promotional purposes, which may include audio, video, print publications, website, social media, or other media intended for an internal and external audience.
- ☐ No, I DO NOT want my child's photograph, image or video used in any way.

Signature: _____ Date: _____

Athlete Code of Conduct 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: _____

Volunteer Opportunities

Name: _____

Mid-Missouri Mavericks is a volunteer run organization.
Each family that participates is integral to a successful season.
Please review the areas of need below and indicate where you feel most comfortable serving.
Training is provided for all jobs.

Game Day Needs

_____ Set Up (arrives early to prepare gym - seating, tables, signage, etc…)

_____ Admissions/Gatekeeper (collects admission and sells drinks/snacks at home games)

_____ Game Bookkeeper (keeps points, fouls and official score for both teams)

_____ Game Clock (runs clock for home games and tournament games)

_____ Stat Keeper (records rebounds, assists, steals and turnovers)

_____ Game Video (sets up and takes down camera)

_____ Photographer (takes photos to share)

_____ Clean Up (puts away seating, sweeps, takes out trash, etc…)

Season Needs

_____ Volunteer Coordinator (schedules and communicates with volunteers)

_____ Picture Day Photographer (takes and shares individual photos and team photos)

_____ Yearbook Coordinator (produces yearbook with photos and season highlights)

_____ Highlight Video Producer (produces videos for awards banquet)

_____ Game Program Designer (produces program with rosters, schedules and sponsors)

_____ Awards Banquet Coordinator (organizes and decorates)

_____ Service Project Coordinator (plans and communicates with players)

_____ Team Wear Coordinator (designs fan gear for Mavericks online store)

_____ Summer Program Coordinator (plans off-season events, skill development, tournaments)