



## Bidwell Jr. Basketball Club - Boys Tryout Permissions Packet

Player's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Students will not be allowed to participate in tryouts until the permission packet and the grade/citizenship check are completed and turned into a Bidwell Jr. Board member. Board members will be available at the check in table throughout tryouts.

I hereby give my son/daughter permission to tryout for the Bidwell Jr. High Club Basketball team. I understand that participation in basketball involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I understand that my son may be injured and I hereby give my permission to the club basketball personnel in charge to secure proper treatment. I release the Bidwell Jr. Basketball Club, the coaches, the board members, and any volunteers associated with the activity from any and all claims of liability arising out of this participation.

Please Initial that you understand the following terms of tryouts and participation of a team if selected.

\_\_\_\_\_ I understand that my child must have a 2.0 GPA with no F and no N or U for citizenship on their grade check at tryouts or during the season.

\_\_\_\_\_ I understand that if my child is selected for a team that there is a player fee of \$325 to cover the costs of coaches, insurance, game/tournament fees, uniforms and gym rental.

\_\_\_\_\_ I understand that if my child is selected that this is a parent run organization and requires a specific amount of parent volunteer hours.

\_\_\_\_\_ Both 7th and 8th Grade teams will be posted on the Bidwell Jr Basketball website on the Friday following tryouts by 4:00pm.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Information:**

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person (other than parent): \_\_\_\_\_

Emergency Contact Person Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**Insurance Coverage:**

As per California Education Code 32221, I certify that my insurance has the minimum of \$1,500.00 covering the medical expenses of accidental injuries. Students are not allowed to participate in athletic events until adequate insurance is proven.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

A copy of your insurance card will be required if your child is selected for a team.

**Medical Information:**

Has your child had any of the following:

- Injuries requiring medical attention in the past 2 years                      Yes                      No  
Please explain if YES:
  
- Respiratory Issues such as Asthma    Yes                      No  
Please explain if YES:
  
- Medication or Food Allergies    Yes                      No  
Please list:
  
- Do you know of any reason why you child should not be able to participate in basketball tryouts?

**Bidwell Jr. Club Basketball**

# Grade/Citizenship Check

Bidwell Jr Basketball Club participants must have and maintain a 2.0 GPA with no "F" grade and no "N" or "U" citizenship grade in any class. Any tampering with any grade, comment, or mark issued by the teacher will be immediately removed from the team for the remainder of the season. In addition, players shall abide by the CUSD and School Code of Conduct. Suspension or expulsion from school will result in suspension or expulsion from participation in all activities for the basketball team including practices, games, or other team activities for a concurrent time period. If the child is suspended or reprimanded for any reason related to drugs or alcohol they will be removed the team permanently.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

	Teacher Name	Class	Grade	Citizenship	Teacher Signature	Date
1						
2						
3						
4						
5						
6						

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Student Signature/Date