



Parent / Athlete AAU Contract

NY Extreme Hoops is a dynamic basketball organization that is focused on the development and progression of athletes in all aspects of the game. Our goal is to provide a challenging yet supportive environment that fosters the growth of players beyond just their skill – also basketball knowledge, discipline, hard work and sportsmanship. Stressing the fundamentals, NY Extreme Hoops will increase each player’s knowledge of the game, build on each individual’s strengths, and help them strengthen their weaknesses.

Player Contract/ Code of Conduct

1. Give your fullest mental, physical, and emotional effort at every team meeting, practice, or game.
 - Be silent, attentive, and an active learner during all instruction.
 - Unless instructed otherwise, practice at championship game speed.
 - Compete with tenacity and then respectfully accept the results of competition (victory or defeat).
2. Respect every person with whom you come into contact as a representative of NY Extreme Hoops, and especially in times of frustration or conflict, demonstrate respect and care for others with:
 - Your words
 - Your body language
 - Your actions
3. Be enthusiastic and work hard.
 - Praise your teammates loudly.
 - Treat your coaches with the utmost respect at all times.

I understand that if I fail to follow these rules of conduct, I may be removed from the AAU program.

Date: _____

Parent Name: _____

Athlete Name: _____

Grade: _____

Team: _____

Home Address: _____

Email: _____

Parent Contract/Code of Conduct

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or team function.
2. I will not enter the court during a game, scrimmage or practice unless otherwise asked to do so by the coach.
3. I will not verbally or physically abuse, confront, taunt, harass or demean a coach, athlete, opposing athlete or coach, or referee at any time.
4. I will not coach my child or other athletes from the sideline or anywhere else during scrimmages, practices, or games.
5. I will make every effort to allow my child to attend all practices, games, tournaments, and team functions.
6. I will abide by the "24 hour rule" which means not speaking to your coach about the game or your child's playing time within 24 hours before or after a game.
7. I understand that playing time is not guaranteed, will not be equal and must be earned by my child.
8. I understand that all fees paid to NY Extreme Hoops are nonrefundable. I can withdraw my child from the AAU program at any time. However, no refunds will be given under any circumstances.

I understand that if I fail to follow these rules of conduct, my child may be removed from the AAU program.

Parent Signature/ Date

Athlete Name

Insurance/Emergency Authorization/Waiver of Liability/Likeness Release

I, the undersigned parent or legal guardian, declare that my child has medical insurance.

I, the undersigned parent or legal guardian, hereby authorize the coach or activity supervisor, as my agent, to seek medical, surgical, or dental examination and treatment of my child in the event of an injury.

I, the undersigned parent or legal guardian, hereby agree to allow my child, named herein, to participate in the aforementioned activity, and further agree to indemnify and hold harmless Kristi Dini, NY Extreme Hoops LLC, its employees, volunteers, staff, coaches and other representatives from any claims arising out of or relating to any injury that may result from the participation in AAU basketball practices, tournaments, workouts, camps, clinics, class or activity.

I, the undersigned parent or legal guardian, hereby agree that Kristi Dini, NY Extreme Hoops LLC and its employees, volunteers, staff, coaches and other representatives do not assume liability for any injuries incurred while at AAU practices, games, events, tournaments camp/clinics or on the way to or from any such activity. The participant and his or her parents or guardians assume full responsibility for any damages or injuries which may occur to the participant during such activity or on the way to or from such activity and hereby fully and forever release and discharge Kristi Dini, NY Extreme Hoops LLC, its employees, volunteers, staff, coaches and other representatives from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the participant's participation in the AAU program. I understand that basketball is a potentially risky activity in which my child might be injured severely, including death, and that my child participates in such activity at his/her own risk.

I, the undersigned, allow the use of the likeness(es) of my child for Kristi Dini and NY Extreme Hoops LLC publicity. Kristi Dini and NY Extreme Hoops LLC reserves the right to use any photos or videos taken during clinics, camps, workouts, practice, AAU tournaments or the like for any purpose.

I acknowledge that I have read the above information and understand and agree to its contents.

Players Name: Insurance Carrier: Insurance ID#:

Parent/ Guardian Signature: Parent/ Guardian Name: Date