



## Goldenview Girls Basketball 2017



Name: \_\_\_\_\_

### Goldenview Girls Basketball Contract & Information Sheet

I, \_\_\_\_\_ wish to join the Goldenview Girls Basketball Team because \_\_\_\_\_

I realize that belonging to the basketball team requires a sacrifice and a personal commitment to yourself and your team.

I pledge to work hard, to be at all practices, have a positive attitude, show good sportsmanship, and do my best to help my team.

I understand that being a part of the Goldenview Girls Basketball team means following the directions given to me by coaches and the following rules:

1. Practice will occur Monday-Friday 6:15-7:50am or 2:55 – 4:25 p.m., unless we have games. Lockers will be closed during practice. **I will arrange to be picked up at 4:30 and no later than 4:45 p.m. each day or I may be asked to leave the team.**
2. I will need to purchase one yellow Goldenview Sports Shirt from the school store at a cost of \$20. If you already have one of these from Volleyball, you can use that shirt for basketball as well. You will also need black shorts, and basketball shoes that provide adequate ankle support.
3. I will change and be in the gym on time (6:15am or 3:00 p.m.) and in proper work out gear each day. If I need to have my ankle or wrist taped, I will be out of the locker room early to get taped prior to the beginning of practice.
4. I must complete ten practices prior to playing in a game. This is a District rule! Check in with your coaches prior to each practice to make sure your attendance has been recorded.
5. When traveling to meets and competitions, I will dress appropriately for the weather. This is a winter sport and sometimes busses slide off the road. I will be wearing a jacket and long pants over my shorts. I will never wear my game shoes outside!
6. If I do not have my uniform (yellow jersey, black shorts, and proper basketball shoes) I will not be allowed to participate in the game.
7. While participating at games, no student may leave without your parent signing out with a coach. If you fail to sign out, you will not play in the next game.
8. Any day I am at school I will be expected to attend practice. If I can't make practice, I will bring a note from home explaining my absences. **ISS, Suspension, and detentions are unexcused absences.**
9. If I have unexcused absences, I will miss the next game. Three unexcused absences will result in removal from the team.
10. I will participate in all practices and games with a positive attitude. If I have a poor attitude, earn a technical foul for conduct, I will be asked to leave the practice or competition.
11. **Your coaches will determine which team you are to be placed** based on your skills, attitude, and your potential to improve. Regardless of the team I am placed on I will have a great attitude and be the best player I can be for both myself and my team.

I am here to have fun, improve my basketball skills, and to be a great teammate. I understand I am representing myself, my family, my school, and my team. I will always show great sportsmanship and to my best to make those I represent proud.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Contact Number

“Ability may get you to the top, but it takes character to keep you there.” John Wooden

Dear Parents,

Welcome to middle school basketball. We hope this is a fun and rewarding experience for your child. There are several games and packed into a very short six weeks. We will send the schedule home when it is finalized. During the first week of practices, we will be doing tryouts to determine which team your child plays on. The number of teams we will have depends on the total number of participants, but we have a Varsity, Junior Varsity, and C-Team (if numbers allow) with 10-15 on each team. Regardless of what team your child is on, we pledge to do our best to make this a fun and rewarding season for your child. The coach is **Krehg Perez** ([Perez\\_krehg@asdk12.org](mailto:Perez_krehg@asdk12.org)), Please look over the contract above with your child. If there is any medical information you would like to share with the coaches, please provide it below:

Allergies: \_\_\_\_\_

Asthma: Y/N Medication: \_\_\_\_\_

Other Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents, would you like to volunteer for our home games? List the date you could help (See tentative schedule) \_\_\_\_\_

Contact Info: Parent Name: \_\_\_\_\_

(Home/Cell) Number \_\_\_\_\_ E-mail: \_\_\_\_\_