



Summer Basketball 2008

\$855.00 Team Fee Only

No Practice League
(Grade as of Fall 2008)

Registration Begins
Registration ends
Season:
Coaches Meeting
Season Begins:
Season Ends:

Thursday April 24
Sunday June 1
8 Games – No Practices-No Playoffs
Sunday June 8, 1:00 pm at PSA
Monday June 16
Wednesday August 20

- TEAM ONLY REGISTRATION: Coach must complete team packet and turn in team fee. Team fee is due at the time of registration. No individual registration accepted.
- Team registers in the grade as of Fall 2008 school year. Boys and Girls Teams Grades 1-12
- Games played on Monday, Tuesday and Wednesday evenings. Start times: 6:00, 7:00, 8:00 and 9:00pm.
- Individuals may request to be placed on a waiting list. This list is used by coaches if they need players. Placement is not guaranteed.
- Limited number of team slots available: Due to court availability only a limited number of teams can be taken. Please turn in your team packet early to ensure placement.
- RETURNING TEAMS MAY PICK UP THEIR PACKETS AT THE PSA OFFICE. NEW TEAMS MAY GET A PACKET AT PSA OR THE BASKETBALL WEBSITE.
- Court Rentals available at 4:30 only Monday through Thursday
- Questions: basketball@psaplano.org
- Summer info, coordinators, game schedules: www.psabasketball.org



6500 Preston Meadow
Plano, Tx 75024
972-208-5437 fax 972-208-3801
www.psaplano.org
info@psaplano.org



Plano Sports Authority Summer 2008 Basketball



Boys Girls Grade: _____ As of School Year 08-09 Team Name: _____

Head Coach	Last Name:	Address:	Home:	Work:	Cell:
	First Name:	City:	Zip:	E-Mail:	

Asst Coach	Last Name:	Address:	Home:	Work:	Cell:
	First Name:	City:	Zip:	E-Mail:	

Please type or print clearly. If paying the Team Fee, individual payment not required. However, parents are still required to sign form

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:					
Address:											
City:		Zip:		State:		E-Mail:					
Home Phone:		DOB:		Gender:		Father's Last Name:					
Grade:		Plano Resident (Y/N):		School:		Father's First Name:					
Home:		Work:		Cell:		Exp Date:					
\$	Parent Signature:			<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL		CVV #	

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:					
Address:											
City:		Zip:		State:		E-Mail:					
Home Phone:		DOB:		Gender:		Father's Last Name:					
Grade:		Plano Resident (Y/N):		School:		Father's First Name:					
Home:		Work:		Cell:		Exp Date:					
\$	Parent Signature:			<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL		CVV#	

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:					
Address:											
City:		Zip:		State:		E-Mail:					
Home Phone:		DOB:		Gender:		Father's Last Name:					
Grade:		Plano Resident (Y/N):		School:		Father's First Name:					
Home:		Work:		Cell:		Exp Date:					
\$	Parent Signature:			<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL		CVV #	

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:					
Address:											
City:		Zip:		State:		E-Mail:					
Home Phone:		DOB:		Gender:		Father's Last Name:					
Grade:		Plano Resident (Y/N):		School:		Father's First Name:					
Home:		Work:		Cell:		Exp Date:					
\$	Parent Signature:			<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL		CVV #	

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:					
Address:											
City:		Zip:		State:		E-Mail:					
Home Phone:		DOB:		Gender:		Father's Last Name:					
Grade:		Plano Resident (Y/N):		School:		Father's First Name:					
Home:		Work:		Cell:		Exp Date:					
\$	Parent Signature:			<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL		CVV #	

WAIVER STATEMENT: I, the player's parent/guardian, understand the nature of sports and this player's experience. This player is in good health and in proper physical condition to participate in sports activities. I release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless PSA from all liability claims, demands, losses or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of PSA or otherwise. I further agree that if, despite this release, I, the player, or anyone on the player's behalf makes a claim against PSA, I will indemnify, save, and hold harmless PSA from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.

REFUND POLICY: \$30.00 Service Charge of the appropriate sport's fee prior to registration closing, NO refunds for any reason after registration closes. Requests for refunds must be made in person at PSA, M-F 9:30 am - 5:30 pm, NO EXCEPTIONS. Returned Checks are subject to a \$30.00 fee.

DIVISION AND CONFLICT SHEET
Summer 2008 Basketball
DIVISION REQUEST

Boys Girls Grade _____ Team Name _____ Coach _____

The number of divisions in each grade, depend on the number of teams registered. Divisions may be combined if not enough request in a particular division.

- Select Division (4th and above) Most Competitive
- A Division Top division, Highly Competitive
- B Division Middle Division, Competitive
- C Division Lowest Division, only newly formed teams or teams with 1-3 wins previous season.

GAME CONFLICT REQUEST FORM

Conflict request will only be accepted prior to the registration deadline. Conflict requests are not guaranteed. We only accept schedule requests if you know that you will not be able to field a team, (must have 4 players), on a specific date, at a specific time.

Monday (Reason)	Tuesday (Reason)	Wednesday (Reason)
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE FOLLOWING ARE GAME START TIMES FOR THE SUMMER SEASON:

Mon 6:00, 7:00, 8:00, 9:00pm
Tue 6:00, 7:00, 8:00, 9:00pm
Wed 6:00, 7:00, 8:00, 9:00pm

SCHEDULE BINDING: binding is used for head coaches only, coaching multiple teams. Binding is not for asst coaches or players. Please list all teams that you coach. Every effort will be made to schedule your games at different times, however requests are not guaranteed and you may need to use an asst or a parent to cover one or more games.

Please schedule the following teams at different times:

(circle one)

Boys	Girls	Grade _____	Team Name _____	Coach _____
Boys	Girls	Grade _____	Team Name _____	Coach _____
Boys	Girls	Grade _____	Team Name _____	Coach _____
Boys	Girls	Grade _____	Team Name _____	Coach _____

CONFLICTS ARE NOT GUARANTEED!



Plano Sports Authority Additional Registration Form Summer 2008 Basketball (Grade as of fall 2008)



Boys Girls **Grade:** _____ **Team Name** _____ **Coach:** _____

Player's Information

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:	
Address:							
City:		Zip:		State:		E-Mail:	
Home Phone:		DOB:		Gender:		Father's Last Name:	
Grade:		Plano Resident (Y/N):		School:		Father's First Name:	
Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or Drivers License #	
				Exp Date:		CVV#	

Player's Information

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:	
Address:							
City:		Zip:		State:		E-Mail:	
Home Phone:		DOB:		Gender:		Father's Last Name:	
Grade:		Plano Resident (Y/N):		School:		Father's First Name:	
Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or Drivers License #	
				Exp Date:		CVV#	

Player's Information

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:	
Address:							
City:		Zip:		State:		E-Mail:	
Home Phone:		DOB:		Gender:		Father's Last Name:	
Grade:		Plano Resident (Y/N):		School:		Father's First Name:	
Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or Drivers License #	
				Exp Date:		CVV#	

Player's Information

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:	
Address:							
City:		Zip:		State:		E-Mail:	
Home Phone:		DOB:		Gender:		Father's Last Name:	
Grade:		Plano Resident (Y/N):		School:		Father's First Name:	
Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or Drivers License #	
				Exp Date:		CVV#	

WAIVER STATEMENT: I, the player's parent/guardian, understand the nature of sports and this player's experience. This player is in good health and in proper physical condition to participate in sports activities. I release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless PSA from all liability claims, demands, losses or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of PSA or otherwise. I further agree that if, despite this release, I, the player, or anyone on the player's behalf makes a claim against PSA, I will indemnify, save, and hold harmless PSA from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.

REFUND POLICY: \$30.00 Service Charge of the appropriate sport's fee prior to registration closing, NO refunds for any reason after registration closes. Requests for refunds must be made in person at PSA, M-F 9:30 am - 5:30 pm, NO EXCEPTIONS. Returned Checks are subject to a \$30.00 fee.



Coaches Application, Contract & Code of Ethics

SEASON/YEAR	SPORT	LEAGUE	GRADE	Team Name
First Name	Middle Initial	Maiden Name	Last Name	
Address	City	Zip Code	Do you have a child participating in the sport desired?	Desired Coaching Role:
Home Phone	Work or Cell Phone	E-mail Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach
<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (Month/Date/Year)	Drivers License # & State-Required	Social Security Number-Required	
Have you ever been arrested or convicted of a Class B or above Misdemeanor or Felony? If so, what is the disposition of the case?	Have You Coached Before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Organization
	<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach		Team Names:	
	<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach			

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK/AUTHORIZATION/WAIVER/INDEMNITY

I HEREBY GIVE MY PERMISSION IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION FOR THE PLANO SPORTS AUTHORITY, INC. (PSA) TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCY, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS AND DELINQUENT CONDUCT COMMITTED AS A JUVENILE. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART TO DETERMINE MY ELIGIBILITY FOR A VOLUNTEER/EMPLOYMENT POSITION WITH PLANO SPORTS AUTHORITY, INC. (PSA). I ALSO UNDERSTAND THAT AS LONG AS I REMAIN A VOLUNTEER OR AN EMPLOYEE HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AS RECEIVED BY PLANO SPORTS AUTHORITY, INC. (PSA) AND A PROCEDURE IS AVAILABLE IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND DEFEND PLANO SPORTS AUTHORITY, INC. (PSA) AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, INCLUDING CLAIMS FOR THE NEGLIGENCE, GROSS NEGLIGENCE, AND/OR STRICT LIABILITY OF PLANO SPORTS AUTHORITY, INC., AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER.

(Signature)

(Please Print Name)

Date

Coaches' Code of Ethics

I will:

- Consider it a privilege to coach children.
- Remember I am a youth coach and that the game is for children and not adults.
- Consider it an obligation to be an example while developing character, integrity and honesty.
- Use positive coaching methods to make the experience enjoyable, increase self-esteem and foster a love and appreciation for the sport.
- Place the emotional and physical well being of my players ahead of any personal desire to win.
- Not direct comments or criticism relative to players' game performance.
- Remember to treat each player as an individual.
- Remember the large spread of emotional and physical development for the same age group.
- Provide a safe playing situation for my players.
- Organize practices that teach sports' skills for the players' age I coach.
- Use coaching techniques appropriate for each of the skills that I coach.
- Insure I know the rules of each sport I coach and teach these rules to my players and their parents.
- Lead, by example in demonstrating fair play and sportsmanship to all my players.
- Promote sportsmanship over gamesmanship following the sport's rules with no violation of them to win.
- Not abuse a player physically, verbally or mentally.
- Not argue, threaten or demean a player, parents, coaches or officials.
- Not use foul and abusive language at any time in representing PSA.
- Control the emotions, ego, frustrations and displays of anger of myself, players and team parents.
- Not use alcohol, drug or tobacco related products in the presence of players, coaches, officials or volunteers.
- Report any conduct that has violated this code or is detrimental to the positive environment projected by PSA through youth sports.

As a PSA Coach,

- I agree to read the Rules, Policies & Procedures, follow the same and support the PSA sports program.
- Make sure every team parent has read, understands and is committed to following the PSA Parent Code of Conduct.

Safe Kids Program for PSA and the PSA StarCenter

PSA is committed to provide a safe environment and safe environment to prevent sexual misconduct. PSA is committed to:

- provide a safe environment and to prevent child abuse and sexual misconduct.
- make every reasonable effort to ensure that every person involved in coaching a sport/activity will abide by the Safe Kids guidelines adopted by PSA
- make every reasonable effort to exclude any adult with a legally documented history of child abuse/molestation or any other conviction or record that would bring unnecessary risk to the health and safety of the participants of our programs.

PSA will:

- take appropriate action on all allegations of child abuse and/or sexual misconduct.
- report all allegations immediately to the authorities for investigation
- cooperate fully with any such investigation.
- The following represent the preventive measures will be taken by PSA regarding abuse:
- Physical, mental, and verbal abuse of any of the participants, coaches, managers, employees, volunteers involved in PSA sponsored activities is not permitted.
- inappropriate touching of any kind is forbidden.
- PSA agrees to provide more than one adult working at or overseeing every activity and seek to avoid one-on-one situations. If a child needs special attention (one-on-one training or an individual meeting), it will be handled with the assistance or presence of another adult.
- Coaches, volunteers and paid staff should never ride alone with a child or participant in a car. Procedures will be established for coaches, volunteers and paid staff to follow in the event a participant is stranded at a PSA sponsored activity
- Parents are encouraged to attend all PSA sponsored activities
- PSA will review and update these procedures with all coaches, volunteers and paid staff who work with children
- PSA will maintain a list of employees who have reviewed these procedures
- PSA will conduct background checks on volunteer sports' directors; league coaches and coaches

(Signature)

(Please Print Name)

Date