



## PLAYER PACKET

---

### **PLAYER PAPERWORK CHECKLIST**

Player packet can also be downloaded at [www.premierebasketball.com](http://www.premierebasketball.com)

#### **BEFORE PARTICIPATING IN FIRST TRYOUT/PRACTICE, TURN IN:**

- Player Contact Information
  - Liability Release/Risk Statement
  - Photo Release
- 

#### **BEFORE PARTICIPATING IN SECOND TRYOUT/PRACTICE, TURN IN:**

- Health Report & Medical Authorization
- Team Fees
- 2016/17 Grade Verification (Class Schedule or Copy of School ID)
- Copy of 2016/17 Insurance Card
- Copy of Birth Certificate



## 2016/17 PLAYER CONTACT INFORMATION

---

### Player Information

Player Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ 2016/17 Grade \_\_\_\_\_

### HIGH SCHOOL ONLY PLAYERS (9th-12th)

Player Cell \_\_\_\_\_ Text Available? \_\_\_\_\_ Player Email \_\_\_\_\_

Position \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Current GPA \_\_\_\_\_ ACT Score \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian #1 Name \_\_\_\_\_ Parent/Guardian #1 Cell \_\_\_\_\_

Parent/Guardian #1 Email \_\_\_\_\_ Text Available? \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Parent/Guardian #2 Cell \_\_\_\_\_

Parent/Guardian #2 Email \_\_\_\_\_ Text Available? \_\_\_\_\_

Player Lives With? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Contact Information

Emergency Contact #1 Name \_\_\_\_\_ Emergency Contact #1 Cell \_\_\_\_\_

Emergency Contact #1 Relationship \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_ Emergency Contact #1 Cell \_\_\_\_\_

Emergency Contact #2 Relationship \_\_\_\_\_



## LIABILITY RELEASE & RISK STATEMENT

### Guardian Release of Liability for Minor Child's Participation

In consideration of (name of player) \_\_\_\_\_, my/our child of minor age, being allowed to participate in any way in the Kansas City Premiere Basketball program, related events, and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to my/our child does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my/our child's participation; and
3. I willingly agree to instruct my/our child to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern in my/our child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention to Kansas City Premiere Basketball administration immediately; and,
4. I, for myself and on behalf of my child, heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Kansas City Premiere Basketball, its coaching staff, officers, officials, agents, and/or employees, other participants, sponsoring agencies, individual sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the program/events ("Releasees"), with respect to any and all illness, injury, disability, death, or loss or damage to person or property incident to my/our child's participation in this program, whether caused by the negligence of the releasees or otherwise, to the fullest extent permitted by law.

**I/we have read this release of liability, assumption of risk, and indemnity agreement. I/we fully understand its terms and understand that I/we have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date Signed

### Understanding of Risk Statement for Minor Participant

I wish to participate in the Kansas City Premiere Basketball Program, related events and activities. In doing so, I understand and agree to the following statements:

1. I understand that the activities involved in this program may cause serious illness or injury including paralysis or even death; and,
2. My parent(s)/guardian(s) is/are allowing me to participate in this program; and,
3. My parent(s)/guardian(s) and I believe that I am physically and mentally able to participate fully in this program. If I learn of or sense a change in my health or physical condition, I will stop participating and inform the coaching staff immediately; and,
4. I will follow all known rules for participation. If I notice anything unsafe, I will stop participating immediately and inform the coaching staff; and,
5. I am willing to accept all risks of being hurt, both known and unknown, and will take full responsibility for my behavior.

**I have read and understand this statement of risk. I agree with each of the terms above.**

\_\_\_\_\_  
Signature of Minor Participant

\_\_\_\_\_  
Printed Name of Minor Participant

\_\_\_\_\_  
Date Signed



**PHOTO RELEASE (2016/17)**

---

I, (Player Name) \_\_\_\_\_, a minor, give my permission to Premiere Basketball, Inc that they may release and/or post my personal image(s) (photos) and /or biographical information including: parent/guardian names, home address, e-mail address, academic and athletic related information and statistics (but not personal, home or cell phone telephone numbers unless duly authorized) on the KC Premiere Basketball web site ([www.premierebasketball.com](http://www.premierebasketball.com)) and/or any printed material designed for either program participant's personal promotion to coaches and colleges and/or for KC Premiere Basketball endorsement opportunities.

By signing this agreement regarding Premiere Basketball, Inc. or KC Premiere Basketball's distribution of images and/or information about said player/program participant, I hereby agree to hold harmless and exclude KC Premiere Basketball or Premiere Basketball, Inc. of any and all claims resulting from the unlawful and/or unauthorized use of said images and/or information by other known and/or unidentified individuals or parties.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Date Signed**



HEALTH REPORT

CONTACT INFO

Player Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_
Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

LOCAL EMERGENCY NUMBERS (to be called if parent/guardian cannot be reached)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell # \_\_\_\_\_
Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_
Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Is the athlete under physician's care at this time? YES NO If so, explain \_\_\_\_\_
Does athlete have allergies? YES NO If yes, please circle type: FOOD INHALANTS ASTHMA HAY FEVER
Does athlete take any medication for above allergies? YES NO Name of Medication \_\_\_\_\_
Does athlete have a physical handicap? YES NO If yes, is it (CIRCLE) CONGENITAL or ACQUIRED
Please explain \_\_\_\_\_

Does athlete have a history of any of the following:

YES NO Diabetes If yes, initial diagnosis (date) \_\_\_\_\_ Under control? YES NO Medication? \_\_\_\_\_
YES NO Hypoglycemia (low blood sugar)
YES NO Sickle Cell Anemia
YES NO Throat Infections (chronic or strep)
YES NO Convulsive disorders (seizures) (CIRCLE) GRAND MAL PETIT MAL OTHER Medication? \_\_\_\_\_
YES NO Fever convulsions (date of last episode) \_\_\_\_\_

Does athlete have a history of any of the following:

YES NO Hyperventilation
YES NO Fainting (explain) \_\_\_\_\_
YES NO Head injuries or major accidents of any kind? (explain) \_\_\_\_\_
YES NO Heart, cardiovascular disease or high blood pressure? (explain) \_\_\_\_\_
YES NO Hyperactivity (explain) \_\_\_\_\_
YES NO Emotional problems (explain) \_\_\_\_\_
YES NO Vision - Glasses (CIRCLE) FULL-TIME or PART-TIME Contact lenses (CIRCLE) FULL-TIME or PART-TIME
YES NO Eye surgery? (explain) \_\_\_\_\_

Last tetanus immunization \_\_\_\_\_

Health concerns not mentioned; include hospitalization or operation \_\_\_\_\_

In case of emergency, at which hospital do you want your child treated? \_\_\_\_\_

I hereby authorize the physician in charge of (player's name) \_\_\_\_\_ to administer any treatment or to administer such anesthetics, perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient. I accept the treatment deemed necessary by the physician treating the emergency; if time allows I prefer that (physician's name) \_\_\_\_\_ treat my child.

Signature of Parent/Guardian Printed Name of Parent/Guardian Date Signed

Medical Authorization

I/we hereby authorize the coaching staff of the Kansas City Premiere Basketball Program to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I/we can be contacted to make decisions regarding the treatment of (player's name) \_\_\_\_\_.

Signature of Parent/Guardian Printed Name of Parent/Guardian Date Signed



## TEAM FEES (2016/17)

**Premiere Basketball, Inc is a state and federal non-profit organization under section 501(c)(3).** The team budget is typically either upside down or barely above board at the end of each fiscal year. Fees are based on the expense involved in operating the teams for the season, and divided equally each month.

Although some months may have more team events than others, fees are not prorated, unless there is room for a player to join a team in the middle of a season (after tryouts). Then that player will be given a prorated amount, starting at the time of joining. **Players cannot join a KCP team, leave, and then return to a KCP team in the same season (unless injury related).** They will have to wait until the next season for an opportunity.

The **fall** season has ONE seasonal fee. Sept-Oct due by **September 16th**.  
 The **winter** season has TWO seasonal fees. Nov-Dec due by **November 18th**. Jan-Feb due by **January 13th**.  
 The **spring/summer** season has TWO seasonal fees. Mar-May due by **March 31st**. June-July due by **June 16th**.

Seasonal Fees	Girls (3rd-7th)	Boys (3rd-8th)	Boys (9th-10th)	Boys (11th-12th)	Fee Deadline
Fall (September-October)	\$100	\$200	\$200	\$200	9/16/2016
Winter I (November-December)	\$100	\$200	N/A (HS Season)	N/A (HS Season)	11/18/2016
Winter II (January-February)	\$100	\$200	N/A (HS Season)	N/A (HS Season)	1/13/2017
Spring (March-May)	\$150	\$300	\$375	\$450	3/31/2017
Summer (June-July)	\$100	\$200	\$250	\$300	6/16/2017
One-Time Uniform Fee*	\$75	\$75	\$75	\$125	N/A

**The replacement cost for each item is:** Shorts \$35, Jersey \$50

Acceptable methods of payment are cash, check, credit card and/or money order. **If paying via cash, check, or money order, turn in payment to HEAD coach, or mail to the address below.**

To pay via credit card, call our office at (816) 454-2650, or fill out a credit card authorization form (available online) and turn into HEAD coach, or email to TJ Taylor, [kansascitypremiere@gmail.com](mailto:kansascitypremiere@gmail.com), or mail to the address below. Credit cards permissible are Visa, MasterCard, or Discover. **No AMEX allowed.**

**KC Premiere Basketball**  
**ATTN: TJ Taylor**  
**PO Box 14420**  
**Parkville, MO 64152**

**Uniform and seasonal fees are non-refundable. There are no buy-backs for used uniforms.**

Players that join a KCP team during the middle of a season (after tryouts have taken place), will be charged starting the month they begin, through the end of the season they join.

Example: If a player joins in January, that player will be charged for months January and February, as it is part of the winter season. If a player joins in May, that player will be charged for months May, June, and July, as it is part of the spring/summer season.

No one will be turned away due to an inability to pay, however there is a limited amount of scholarship assistance available for each team. In order to apply for a scholarship, email TJ Taylor, [kansascitypremiere@gmail.com](mailto:kansascitypremiere@gmail.com). Scholarships will be granted only to individuals who have completed the application process **each** season.

**I have read and understand Premiere Basketball, Inc team fees. I agree with each of the terms above.**

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Printed Name of Parent/Guardian

\_\_\_\_\_  
 Date Signed