

# Lights Out - Parent & Athlete Agreement

Unlike other programs, the coaches are running this program as volunteers committed to helping young men be competitive in basketball in hopes that they will learn disciplines that will help them be successful in life as well. There are some costs for tournaments, jerseys, travel, and minimal administrative costs.

We are requesting mutual commitment from families and athletes. We look forward to working hard, having fun, growing as competitors, and being upstanding community members.

## Parent/Guardian Information

Parent/Guardian #1:

Name:

Address:

Email:

Phone:

Planning to attend tournaments:

Able to assist with rides to practice: \_\_\_\_\_ to tournaments:

Interested in purchasing additional Lights Out gear for self: \_\_\_\_\_ for athlete:

Parent/Guardian #2 (if multiple households):

Name:

Address:

Email:

Phone:

Planning to attend tournaments:

Able to assist with rides to practice: \_\_\_\_\_ to tournaments:

Interested in purchasing additional Lights Out gear for self: \_\_\_\_\_ for athlete:

Emergency Contact:

Name:

Phone:

**Parental Agreement:**

1. **Participation.** We have all expressed a desire to compete at another level. We will struggle to compete if we don't have maximum participation by all athletes.
  - a. We are planning for two weekly practices and need full participation by all athletes. NOTE: If rides are an issue, please give the coaches 24-hours notice so that we can attempt to assist.
  - b. We need participation in the tournaments, see the dates and please let us know in advance if any of them are major conflicts.
2. **Cost-sharing.** We are sharing the costs of the tournaments with minimal additional expenses. As such, if you do not tell us before the season starts that you will not make a tournament, we are expecting that you will pay your anticipated portion of the tournament.
3. **Commitment.** Two days of practice a week is a big commitment with all our busy schedules, but it isn't a lot of basketball time. We need your support, the athletes need to practice dribbling, shooting, and some light cardio throughout the week. Please help us confirm they perform their homework.
4. **Meritocracy.** We will be preparing to be competitive. We plan to have a Red Squad of about 8-12 players and a Yellow Squad of about 4-6 players for a full roster of about 16 players. The roster and playing time will be set up based on participation in practice, contribution to the team, and competency during games.
5. **Communication.** We will primarily use the App Group Me for team communication, the new group will be Lights Out 2024. Please download and utilize this tool for communication during the season.

Parent/Guardian #1 \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Date \_\_\_\_\_

**Athlete Information:**

Athlete Name:  
Primary Address:  
Phone:  
Email:  
School:  
Grade:  
Birthdate:  
T Shirt size:  
Shorts size:  
Hoodie size:

**Athlete Agreement:**

1. **Commitment.** I want to compete at a high level in basketball and I am excited to commit to this opportunity to stretch myself as an athlete and a community member. I will do my best to learn and play solid basketball, on offense and defense.
2. **Participation.** I will be at practices and will give 100% effort. If a ride is an issue I will take responsibility to contact my coaches or teammates who live near me 24 hours in advance to attempt to arrange a ride.
3. **Attitude.** I will come to practice and games prepared to contribute to my team in whatever capacity I am needed. I will maintain a positive attitude and work to elevate my team. I will be at tournaments and give 100% effort, even if this means I am cheering my teammates on.
6. **Effort.** Two days of practice a week is a big commitment with all our busy schedules, but it isn't a lot of basketball time. To achieve a better result I will need to commit to a greater effort than I have in the past. I will practice dribbling, shooting, and cardio throughout the week as assigned by my coaches.
7. **Accountability.** I will be accountable to my teammates and I will hold them accountable to the team as well.
8. **Communication.** We will primarily use the App Group Me for team communication, the new group will be Lights Out 2024. Please download and utilize this tool for communication during the season.

Athlete \_\_\_\_\_

Date \_\_\_\_\_

**Parent/Guardian Acknowledgment:**

I recognize that participation in Lights Out is voluntary. I recognize that Lights Out coaches are unpaid volunteers. I recognize that Lights Out is a not-for-profit organization helping athletes prepare for and compete in local AAU-level competitive activities.

Lights Out will be preparing to be competitive. We plan to have a Red Squad of about 8-12 players and a Yellow Squad of about 4-6 players for a full roster of about 16 players. The roster and playing time will be set up based on participation in practice, contribution to the team, and competency during games.

**Parent/Guardian1 (Initial)** \_\_\_\_\_ **P/G2** \_\_\_\_\_

I recognize participants are expected to follow all safety instructions, remain in areas designated by volunteer coaches, and refrain from behavior harmful to themselves or others. I understand that failure to adhere to program and behavior policies could be cause for the participant's dismissal without a refund of program fees. **P/G1** \_\_\_\_\_ **P/G2** \_\_\_\_\_

**Statement of Understanding, Participation, and Compliance:**

I am aware and approve of my child having an opportunity to participate in program activities, which may involve a degree of risk, and I hereby release Lights Out, all volunteer coaches, and any organization/facility that hosts games or practices, from any and all responsibility and liability of any nature resulting from my child's participation in Lights Out activities and transportation as required. **P/G1** \_\_\_\_\_ **P/G2** \_\_\_\_\_

In the event my child is injured, I give Lights Out first-aid and CPR-certified staff the authority to provide basic first-aid and CPR as the situation requires, if necessary, and/or if they become seriously ill or injured and I cannot be reached. **P/G1** \_\_\_\_\_ **P/G2** \_\_\_\_\_

I authorize any emergency transportation, hospitalization, x-ray, medical, dental, and/or emergency surgical treatment advisable by the circumstances by any member of the medical staff of the medical facility. **P/G1** \_\_\_\_\_ **P/G2** \_\_\_\_\_

I understand it is my responsibility to provide my own accident and health insurance while participating in all Lights Out activities, and that Lights Out does not provide any health or accident coverage for its participants. **P/G1** \_\_\_\_\_ **P/G2** \_\_\_\_\_

I grant permission for photographs/videos, which include my child in Lights Out records, program projects, marketing, and social media releases. **P/G1** \_\_\_\_\_ **P/G2** \_\_\_\_\_

***With my signature below, I agree to the agreements outlined in this form.***

Parent/Guardian #1 \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Date \_\_\_\_\_