

REGISTRATION PACKET



REGISTRATION INSTRUCTIONS :

- 1. Please fill out all forms in its entirety.**
- 2. The coach or organizer of the team must fill out the first page (BOY'S TEAM FORM) only.**
- 3. The remaining player and waiver forms must be filled out by each parent or the legal guardian of each player on the team. (Please print remaining player form pages for each player)**
- 4. Each player must have their forms submitted along with a photocopy of their birth certificate and a clear athletic photo (to be placed in their player profile).**
- 5. The player waiver must be signed by a parent or legal guardian stating they have read and understood all statements.**

Please submit the entire packet with the team and player forms in person or to registration@theHSSBL.com

For questions or concerns about registration, please contact the HSSBL at registration@thehssbl.com or by phone 470-437-6191 (Office)

BOY'S TEAMFORM



REGISTRATION INFORMATION :

Coach Name :

Today's Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Team Level/Type

AAU

Organization

High School

Team Name :

COACH'S CONTACT INFORMATION :

First Name :

Last Name :

Address :

Zip Code :

Phone No :

E-Mail :

ORGANIZATION INFORMATION :

Organization Name :

Website / E-Mail :

Position :

Phone Number :

Full Address :

Zip Code :

Signature of Coach

THANK YOU FOR REGISTERING

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PLAYERFORM



TEAM INFORMATION

Team Name :

Today's Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Team Level/Type

AAU

Organization

High School

Organization Name : _____

PARENT / GUARDIAN INFORMATION :

First Name :

Last Name :

Address :

Zip Code :

Phone No :

E-Mail :

PLAYER INFORMATION :

Player's Name :

E-Mail :

Grade and Position :

Phone Number :

Please List All Medical Limitations or Medical Concerns :

Allergies :

Emergency Contact Name :

Emergency Contact Number :

DOB :

Signature Of Parent / Guardian

THANK YOU FOR REGISTERING

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AWARENESS FORM



PLAYER/PARENT SUDDEN CARDIAC ARREST AWARENESS FORM

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm
- clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained, and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he/she has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him/her.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn - and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process and will never shock a victim that does not need a shock.

I am aware of the dangers of sudden cardiac arrest, and this signed sudden cardiac arrest form will represent myself and my child during the 2023 summer league. This form will be stored with other accompanying forms as required.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Printed Name of Player

Signature of Player

Date

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

THANK YOU FOR REGISTERING

www.thehssbl.com

ACKNOWLEDGEMENT



CONCUSSION INFORMATION AND ACKNOWLEDGEMENT FORM

Parent and Student: It is important that parents and students are educated about concussions. All concussions are serious, and concussions can occur in any sport.

1. Definition of Concussion: A brain injury that interferes with the normal brain function.
2. Cause of Concussions: A bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth.
3. Signs and Symptoms of Concussions:

Slurred Speech	Loses Consciousness	Nausea	Fatigue	Shows Mood, Personality or Behavior Changes	Answers Questions Slowly
Moves Clumsily	Concentration Problems	Vomiting	Blurry Vision	Cannot Recall Events	Sensitivity to Light or Noise
Balance Problems	Slowed Thought Process	Dizziness	Memory Loss	Prior To or After Injury	Unsure of Game, Score or Opponent
Forgets Instruction	Difficulty Thinking Clearly	Confused	Appears Dazed		
Numbness/Tingling	Headache	Sluggish			

4. In accordance with Georgia Law, the following must occur if an individual exhibits signs, symptoms or behaviors of a concussion:

- a. The individual shall be immediately removed from a game or activity.
- b. The individual suspected of having a concussion shall be seen by an appropriate health care professional before the individual can return to athletic participation.
- c. The individual shall not return to a game or activity the same day the concussion or suspected concussion occurred.
- d. If no concussion has occurred, the individual can return immediately to the game or activity
- e. If a concussion has occurred, the individual cannot return to participation in game or activity until medically cleared by an appropriate health care professional.
- f. An individual could never return to participation if the individual still has any symptoms of a concussion.
- g. After clearance has been issued, the individual's actual return to participation in game should follow a gradual procedure suggested by the National Federation of High Schools and directed by the appropriate health care provider clearing the athlete for activity.
- h. An appropriate health care profession may include licensed doctor or another licensed individual under the supervision of a licensed doctor such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

5. The following information can be found online and is recommended for parents and students to read concerning concussions:

- a. NFHS Suggested Guidelines for Management of Concussion in Sports.
- b. NFHS, A Parent's Guide to Concussions in Sports

6. Parent and student should sign the form below. The league and parent should maintain a copy of this form.

I have read this form and I understand the facts presented in it.

Printed Name of Player

Signature of Player

Date

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

THANK YOU FOR REGISTERING

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LEAGUE RULES



HSSBL LEAGUE RULES

I. Game Day Expectations

- A. All players are expected to dress appropriately for league games. (Team jerseys as designated by the coach.)
- B. All players are expected to arrive on time for games. If an emergency arises such as car trouble, call or text the HSSBL League Director immediately at (470) 347-6191.
- C. We expect excellence in behavior during games, which includes:
 - 1. There will be absolutely no fighting or profanity. Fighting or profanity will not be tolerated.
 - 2. Maintain a positive attitude about the teams in the league, and its performance.
 - 3. Maintain a clean area around the benches. Clean up after games.
- D. LEAGUE TEAMS and PARENTS are expected to present themselves with the utmost display of sportsmanship. Taunting opponents or officials will not be tolerated. Players will be removed from the game and parents may be asked to leave the gym.

III. Code of Ethics

- A. We expect each team and all parents to represent the HSSBL with the utmost class and excellence of character.
- B. There is a zero-tolerance policy for disrespect of coaches or referees which includes profanity, refusal to comply with rules, or any other means of insolence.
- C. Please talk directly and respectfully to the League Director about any questions or issues you have.
- D. Parents are not to approach the benches during a game for any reason unless requested by the coach.

Printed Name of Player

Signature of Player

Date

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

PLAYER WAIVER



REGISTRATION WAIVER :

I, and/or the minor children identified above, each of whom are my children or minors for whom I am a legal guardian (each a "Participant" and collectively the "Participants"), desire to participate and engage in the High School Summer Basketball League (known as the HSSBL) with Fundamentals First Sports. I acknowledge and agree, on my own behalf and on behalf of the Participant that:

A Participant's physical condition prior to participating in the HSSBL may cause or result in injuries and losses. I have identified all of each Participant's existing medical conditions. I acknowledge that coaches and staff will be relying upon complete disclosure of medical conditions in allowing a Participant to participate in league games.

Participation in games includes the use of various types of equipment (i.e. basketballs) manufactured by third parties. We make no representations or warranties regarding the condition of any such materials or equipment.

Participating in the HSSBL includes possible exposure to communicable diseases including but not limited to COVID-19 and/or similar contagious diseases and viruses. The undersigned acknowledges that they are aware of the risks associated with the exposure to communicable diseases and/or in connection with league games.

I VOLUNTARILY ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURIES TO MYSELF OR A PARTICIPANT (INCLUDING, BUT NOT LIMITED TO, ILLNESS, DISEASE, PERSONAL INJURY, DISABILITY, DISMEMBERMENT, AND DEATH, AS WELL AS DAMAGES, LOSSES, CLAIMS, LIABILITY, OR EXPENSES, OF ANY KIND, THAT I OR A PARTICIPANT MAY INCUR IN CONNECTION WITH PARTICIPATION IN FUNDAMENTALS FIRST SPORTS PROGRAMS (COLLECTIVELY "CLAIMS") OR LOSSES INCURRED AS A RESULT THEREOF.

ON MY OWN BEHALF AND ON BEHALF OF THE PARTICIPANTS, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS FUNDAMENTALS FIRST SPORTS, LLC, THE FACILITY OR GROUNDS, AND THEIR RESPECTIVE OWNERS, PARENTS, AFFILIATES, SUBSIDIARIES, SUCCESSORS, PREDECESSORS, AGENTS, CONTRACTORS, COACHES, DIRECTORS, AND EMPLOYEES FROM ALL CLAIMS OF ANY KIND. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE FACILITY AND/OR FUNDAMENTALS FIRST SPORTS, LLC AND THEIR RESPECTIVE OWNERS, EMPLOYEES, COACHES, VOLUNTEERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES, ARISING FROM, IN WHOLE OR IN PART, ONE OR MORE LEAGUE GAMES
STANDARD MEDICAL RELEASE

PLAYER WAIVER



REGISTRATION WAIVER :

I hereby consent to Fundamentals First Sports, LLC and its employees, agents, coaches, and owners providing medical care (emergency or otherwise) necessary for the health and safety of the Participants and further authorize any hospital or doctor to render immediate care and treatment as might be required for the health and safety of a Participant.

PHOTOGRAPH AND VIDEO RELEASE

This agreement confirms the agreement between you, the facility, and Fundamentals First Sports, LLC regarding each Participant's participation in league games and grants the facility and Fundamentals First Sports, LLC the rights to use any photographs or videos (the "Property") taken of me or any Participant in connection with the participation of Participants in league games. I, on my own behalf and on behalf of each Participant irrevocably grant to the facility and Fundamentals First Sports, LLC a perpetual, exclusive, irrevocable license to use the Property throughout the world in any medium (including print, digital, electronic, DVD, social media, internet and any other medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of me and/or a Participant in connection with my participation in league games. I will not bring or consent to others bringing a claim or action against the facility or Fundamentals First Sports, LLC alleging that the Property, or in materials including the Property, is defamatory, reflects adversely on me, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. I hereby release the facility and Fundamentals First Sports, and their respective directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever relating to the facility and/or Fundamentals First Sports, LLC's use of the Property in a manner consistent with this Agreement.

This voluntary waiver and release from liability agreement is to be interpreted consistent with the laws of this State.

I have read this voluntary waiver and release from liability agreement. I understand that I have given up substantial rights by signing it and I am signing this waiver and release from liability agreement voluntarily for myself and my children.

By my signature below, I confirm that I have provided all necessary contact information and relevant medical information regarding the Participants. I understand that I have a continuing obligation to update this information with the League Director as new information becomes known by me. I will promptly update this information with the HSSBL staff upon the discovery of new medical information and/or new contact information.

PLAYER WAIVER



REGISTRATION WAIVER :

You should always make sure that we have a current phone number and/or email address on file in order to contact you regarding any updates or changes, if necessary.

I HAVE FULLY READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS.

Please Sign Your Name Below

Printed Name of Parent or Guardian

Today's Date :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Signature of Parent or Guardian

Please scan in or submit completed forms to your team organizer

THANK YOU FOR REGISTERING

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