

EXPECTATIONS OF COACHS & HELPERS

- Create a positive environment for players to learn, practice, and play
- Be kind and approachable
- Provide ALL players the opportunity to learn and to play
- Make every player feel an important part of the team
- Set clear and reasonable expectations
- Be courteous and polite to players, parents, other coaches, and officials
- Use good judgment as to when and how to discipline
- Be positive in situations where there seems to be failure
- Be fair to all player
- Model good sportsmanship
- Remember that the game is for the children

EXPECTATIONS OF PARENTS

- Parents should make every effort to:
- Get players to practices and games on time. If there is an emergency, and the player will be late or miss practice or game, the parent will contact the coach in advance.
- Attend your child's games whenever possible. □ "Honor the game" by being respectful to all involved in the game. Abusive language towards a player or coach will not be tolerated.
- Be supportive of all players and coaches no matter the outcome of the games.
- Not coach from the sideline or cause a distraction to players during games.
- Not be on the court or approach their child in practice or game with an exception of an emergency.
- Communicate with coaches in the appropriate way; discuss your concerns in private and at appreciate times.

- Refrain from making negative comments about any team or player part of the Lathrop Thunder Organization; including coaches, staff, board members, and volunteers.
- Be sure your child eats properly and has sufficient water or sports drink.
- Remember that the game is for the kids.
- Participate in fundraising or volunteer work held by the organization.
- If not approved by the board player/players are not to participate in any other competitive basketball league or tournament using or wearing Lathrop Thunder uniform due to liability.
- If not approved by the board parents who are attending their child or children practice are to refrain from participating in their child or children practice due to liability.
- Pay all initial and tuition fees.
- If your child misses practice or tournament games, fees for the month are due.

WHEN ATTENDING AN OUT-OF-TOWN TOURNAMENTS:

1. Reserve hotel accommodations and coordinate travel arrangements.
2. Ensure that your child eats properly at tournaments.
3. Enforce curfew as designated by the coaching staff.

EXPECTATIONS OF PLAYERS

Players should make every effort to:

- Maintain a 2.0 grade average (while school is in session).
- Give 100% at practice and games.
- Be on time for all practice and games; dressed properly and ready to play.
- Listen and learn from your coaches.
- Show respect towards every coach at all times.
- Show respect to teammates at all times.

- Show respect to opponents and referees at all times.
- Show respect to parents or guardians at all times.
- Not damage, or deface any property, building, or equipment.
- Encourage their teammates regardless of the circumstances.
- Maintain a positive attitude and sportsmanship, regardless of the circumstances.
- Learn from mistakes, from losing, as well as winning.
- Refrain from making negative comments about any team or member or Lathrop Thunder.
- Refrain from any gang affiliation, colors, gestures and foul language.
- Agree to return any equipment upon request.
- Agree to participate in fundraising or volunteer work held by the organization.
- Always be positive and have fun.

REGARDING PLAYING TIME

The decision of playing times is at each coach's discretion. Although they are playing a competitive basketball game, the coaches will remember these are developmental years. More flexibility will be exercised by the coaches based on skill level, game conditions, practice, player effort and attitude.

LATHROP THUNDER ACKNOWLEDGMENT STATEMENT

We, members of the Lathrop Thunder Family, hereby acknowledge that we have received, read, and understand the above Team Policies and Expectations:

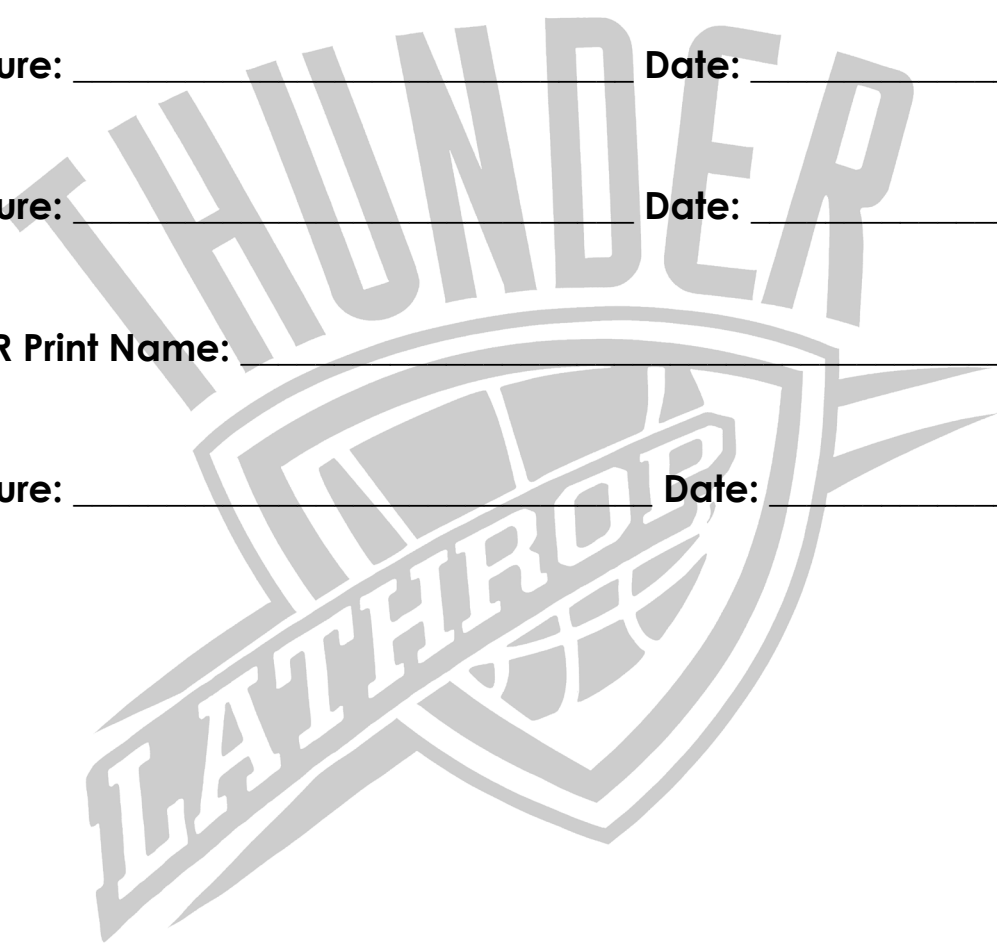
PARENT(S) Print Name(s): _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

PLAYER Print Name: _____

Signature: _____ **Date:** _____



CONTACT INFORMATION

Player Name _____ Birth-Date ___/___/___

Age _____ Height _____ Weight _____ Grade _____

Address _____

City _____ Zip _____

School _____

Player Phone and Email: (_____) _____ - _____ @ _____

Parents Phone (M-Cell): (_____) _____ - _____

Parents Phone (D-Cell): (_____) _____ - _____

Home Phone: (_____) _____ - _____

Mothers Name: _____

Email: _____ @ _____

Fathers Name _____

Email: _____ @ _____

***Note: I prefer to communicate by emails - however what is the best way to contact you?**

.....Office Use Only.....

Monthly Payments: _____ Paid In Full: _____ Cash: _____

Partial Payment: _____ PP/DEBIT: _____ Uniform: _____

WAIVER OF LIABILITY AND MEDICAL RELEASE FORM

_____ has permission to participate in the LT Student Athletes (dba Lathrop Thunder) Basketball Program. I, the undersigned parent/guardian, assume all risks and hazards incidental to participating in this activity and do hereby waive, release, and hold harmless, Lathrop Thunder, the City of Lathrop, their supervisors, participants, and coaches, from any claim arising out of injury to my child. I, the undersigned parent/guardian of the participant, am fully aware of the potential dangers and risks involved in this sport, including physical injury, death or other consequences that may arise or result directly or indirectly from participation in the activity. In the event of an accident or illness to our son/daughter, we authorize the identified representative of the Lathrop Thunder Program to obtain such medical diagnostic services as may be deemed necessary. Emergency treatment of a life threatening condition is authorized. Telephone contact for management of all serious conditions will be attempted if possible.

INFORMATION ABOUT YOUR CHILD:

ANY MEDICAL PROBLEMS: CIRCLE YES OR NO

If yes explain: _____

ALLERGIC TO ANY DRUGS: CIRCLE YES OR NO

If yes, please list the drugs: _____

Parent/Guardian name: _____ Phone _____

Insurance Company _____ Policy Number _____

Doctor: _____ Phone _____

Parent/Guardian Signature: _____ Date _____

EMERGENCY CONTACT

Name/Relationship: _____

Phone (Home / Cell): _____

***Coaches will keep this document with them at all games and practices.**

THUNDER



LEATHROP