

POSITIVE DIRECTION OF QUEENS COUNTY, INC.
REGISTRATION FORM PLEASE PRINT ALL INFORMATION CLEARLY

PLAYER'S INFORMATION

Player First Name _____

Player Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cellphone _____

Email _____

Date of Birth _____ School _____ Grade _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Home Telephone _____ Cellphone _____ Email _____

Father's Name _____

Home Telephone _____ Cellphone _____ Email _____

FOR PLAYERS IN 9th GRADE THROUGH 12TH GRADE

Graduation Year _____ Height _____ Weight _____ Position _____

POSITIVE DIRECTION FARM LEAGUE, SKILLS AND DRILLS, WORKOUTS

PARENT/PLAYER/PROGRAM CONTRACT

PLEASE INITIAL AND SIGN

_____ There are **NO REFUNDS** for any and all monies once paid to Positive Direction of Queens County Inc. for ANY reason.

_____ It is the sole responsibility of the parents to provide transportation to and from all practices, games and events.

_____ It is the sole responsibility of the parents to keep themselves up-to-date and informed of all information pertaining to upcoming games, practices, events, etc. through texts and emails sent, information given at practices, monthly calendar, social media, and team snap. **Parents and Players MUST abide by ALL DUE DATES AND DEADLINES.** You MUST download Team Snap upon registering for any of our programs.

_____ Participants must arrive at the times designated on the monthly calendars or given by the Positive Direction staff and coaches for all practices, games, and events.

_____ Parents MUST walk their child in the gym for all practices, games, and events and MUST come in the gym to pick them up. **Parents who are continually late arriving to pick up their children will not be able to participate in Positive Direction.**

_____ Players MUST wear their designated uniforms at all times. Players MAY NOT wear durags, hats, or any other unacceptable items designated by the Positive Direction Staff.

Parents must sit on the stage during ALL practices, workouts, etc quietly unless directed otherwise by the Positive Direction Staff. .

_____ Parents MAY NOT talk to their children or any other children on the court during practices and workouts as it is disrespectful to the coaches.

Parent Signature _____ **Date** _____

POSITIVE DIRECTION CLUB TEAM

PLEASE INITIAL AND SIGN

_____ There are **NO REFUNDS** for any and all monies once paid to Positive Direction of Queens County Inc. for ANY reason.

_____ It is the sole responsibility of the parents to provide transportation to and from all practices, games and events. Players are responsible for their rooming, transportation, and meal expenses to all tournaments and games. Travel expenses you incur such as gas, tolls, hotel, airline tickets, additional AAU Fees, and referee fees to specified tournaments are your responsibility.

_____ It is the sole responsibility of the parents to keep themselves up-to-date and informed of all information pertaining to upcoming games, practices, events, etc. through texts, emails sent, information given at practices, monthly calendar, social media, and team snap. **Parents and Players MUST abide by ALL DUE DATES AND DEADLINES.** You MUST download TeamSnap upon registering for any of our programs.

_____ Participants must arrive at the times designated on the monthly calendars or given by the Positive Direction staff and coaches for all practices, games, tournaments and events. Players are required to follow the agenda set forth by the Positive Direction staff and coaches once at a tournament (example meeting times, meal times, etc). Failure to do so will result in loss of playing time.

_____ Parents MUST walk their child in the gym for all practices, games, and events and MUST come in the gym to pick them up. **Parents who are continually late arriving to pick up their children will not be able to participate in Positive Direction.**

_____ Players MUST wear their designated uniforms at all times. Players MAY NOT wear durags, hats, or any other unacceptable items designated by the Positive Direction Staff.

_____ Parents must sit on the stage during ALL practices quietly unless directed otherwise by the Positive Direction Staff. Parents MAY NOT talk to their children or any other children on the court during practices as it is disrespectful to the coaches. Parents will be asked to leave the gym if they become a distraction to the practice.

_____ Tournaments we enter can announce the schedule as late as a day before the tournament begins. Hotel information for many tournaments is also given through the tournament and are given to the Director as late as two weeks prior to the start of the tournament. We send the information out as soon as we receive. There are spectator entry fees at most tournaments, which sometimes we do not know in advance so please be prepared to pay to watch your child play. There are certain tournaments/games that players will be responsible for the referee fees. Referee fees will be determined for the tournament, divided up and collected prior to the first game.

_____ Players are required to pay the cost of the hotel rooms for players and 2 staff rooms on overnight trips.

_____ Tournaments are announced for a specific age group and a roster is selected based on the best 10 to 12 players for that tournament. All players will play in a minimum of 8 tournaments but may not be selected for every tournament roster. Roster selections are at the discretion of The Directors and Coaches. Once a team has reached its maximum allotted tournaments, any other tournament fees will evenly divided among the players participating.

_____ It is mandatory that players abide by the academic requirements of Positive Direction. This includes but is not limited to attending assigned academic workshops. It is MANDATORY that every participant hand in copies of 3 report cards each yearly. One by December 20th, One by March 30th and One by June 30th. If your report card is not turned in by the dates indicated, you will not be allowed to participate until we receive it.

_____ **Positive Direction has the right to dismiss any travel team player for participating on another team other than their official school team. This includes any kind of competition (games, practices, scrimmages, etc)**

_____ The fee does not include **PLAYING TIME**,

Parent Signature _____ **Date** _____

PHYSICIAN'S CLEARANCE FORM

To be completed by patient:

Patient's Name _____ Phone (____) ____ Address _____

City _____
State ____ Zip _____

I hereby authorize my physician to complete and forward this form to:

_____ and supply the information requested herein.

Patient's Signature

To be completed by physician:

I have examined this patient on _____ Date of Last Examination _____

I have found the following:

- ☐ She/he may participate fully in a physical activity program consisting of cardiovascular, strength and flexibility training without restrictions or limitations.
- ☐ She/he may participate fully in a physical activity program with the following limitations or restrictions:

If your patient is on any medication which may affect heart rate, blood pressure (elevating or suppressing) or otherwise affect response to exercise please indicate such effects and/or limitations/restrictions.

Please indicate any limitations/restrictions placed on this patient due to any disabilities or communicable diseases.

Physician's Signature: _____ Date: _____

PLEASE NOTE: This record must be signed by the physician granting the clearance.

Patient's Signature or Guardian's Signature if the participant is under 18 years of age.

**POSITIVE DIRECTION OF QUEENS COUNTY INC
EMERGENCY/HEALTH FORM**

NAME: _____ TEAM: _____ DOB: _____
(Players Name)

ADDRESS: _____ HOME #: _____
_____ WORK #: _____
_____ EMERGENCY # _____

INSURANCE COMPANY: _____

AGREEMENT: # _____ GROUP # _____

My Child is currently taking the following medications: (Please List) _____

Allergies: (Please List) _____

Contact Lenses: ____Yes ____No

List any condition or medical information we should know about your child.

I understand that Positive Direction of Queens County, Inc does not provide primary medical or accident insurance for participants, and I hereby certify that my son and/or daughter is covered by a personal insurance policy, or is included in a policy, which I have in force. I understand in case of minor first aid or illness that the attending adults will administer care.

In the event that my child (*child's name*) _____ is involved in a major accident, or suffers a major injury or illness which requires immediate medical or surgical care and I cannot be contacted within a reasonable amount of time, I authorize a physician to act on my behalf. If continued efforts to contact me are unsuccessful or should expediency make it impractical or dangerous to the health of my child to first attempt to contact me, I authorize the physician to take action and give consent on my behalf as her judgment dictates.

(Parent/Guardian Signature)

STATE OF NEW YORK, COUNTY OF _____

On this, the _____ day of _____, 20__ before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactory proven) to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged that he/they executed the same for the purposes therein contained

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

POSITIVE DIRECTION OF QUEENS COUNTY LIABILITY WAIVER

As a condition precedent of this agreement between Positive Direction of Queens County Inc. and the person whose signature appears below in consideration of the privileges herewith granted, agrees not to hold Positive

Direction of Queens County Inc. liable for any damages or injury to _____

NAME OF PLAYER

or his/her property among from observing, attending, or participating in physical activity not instructed by Positive Direction of Queens County, Inc. or from use of its property or facilities or from loss of property as a result of theft. As a condition precedent of this agreement between Positive Direction of Queens County Inc. and the person whose signature appears below, in consideration of the privileges herewith granted, person whose signature appears below agrees not to hold Positive Direction of Queens County Inc. liable for any

damages or injury to _____ or his/her property while in

NAME OF PLAYER

transit in a vehicle being operated by Positive Direction of Queens County Inc., its staff, and/or affiliates to or from practices, games, tournaments, events and/or trips. The Person whose signature appears below hereby assumes full responsibility and risk for any such injury or damages which occur to

_____ and does hereby fully and forever release and

NAME OF PLAYER

discharge Positive Direction of Queens County, Inc., its Directors, Staff, and affiliates from any and all claims, damages, right of action or cause of action, anticipated or unanticipated resulting from or arising out of such use of intended use of said facilities and equipment thereof including but without limitation, any claims for personal injuries or property damage resulting from or arising out of negligence.

_____ uses the facilities at Positive Direction of Queens County at their own risk.

NAME OF PLAYER

Person whose signature appears below further agrees to indemnify Positive Direction of Queens County Inc. from any and all liability on the part of Positive Direction of Queens County Inc. or any third party as the result of the use of the facilities and instructions offered by Positive Direction of Queens County Inc. and that the person whose signature appears below has carefully read the waiver and release above and fully understands that it is a release of liability.

I give permission for my child _____ permission to be photographed and or

NAME OF PLAYER

videotaped for publications on the Positive Direction Website, Facebook Page, Twitter and Instagram, newspapers, DVD's, CD's and any other merchandise distributed and/or sold by Positive Direction for the sole purpose of promoting Positive Direction and its Student Athletes.

Print Player Name _____

Print Parent Name _____

Parent Signature _____ Date _____