

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

PLAYER'S INFORMATION

Entering _____ Year In Program _____

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 PARENT/PLAYER/PROGRAM CONTRACT

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.**

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. 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.

Farm League Parents must sit on the stage during sessions quietly.

Parents of all club teams are NOT permitted to stay in the gym during practices.

Parents MAY NOT talk to their children or any other children on the team during games as it is disrespectful to the coaches.

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. A breakdown will be sent to you.

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 a any club team player for participating on another team other than their official school team. This includes any kind of competition (games, practices, scrimmages, etc)

PLAYING TIME ON THE TEAMS IS NOT GUARANTEED AT ANY LEVEL.

Tournaments

Players are responsible for their rooming, transportation, and meal expenses.

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

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)

Players must arrive at all designated times and days unless otherwise given permission by a staff member.

Failure to do so may result in loss of playing time.

Once a team has reached its maximum allotted tournaments, any other tournament fees will evenly divided among the players participating.

Parent Signature _____ Date _____

Participant 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 _____ 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 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 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. Person whose signature appears below acknowledges that Positive Direction of Queens County Inc. makes no claims as to medical results which can or may be obtained by _____ through the use of Positive Direction of Queens County Inc. facilities and that _____

uses the facilities at _____ own risk. 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. to either _____

or any third party as the result of the use by _____ 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 understand that it is a release of liability.

I give permission for my child to be photographed and or 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. Please check ☐ Yes I agree ☐ No I do not agree

Print Player Name _____

Print Parent Name _____

Parent Signature _____ Date _____