



**PLAYER & PARENT
COMMITMENT LETTER
2021 Spring Basketball Season**

Dear Player and Parent,

Please accept this letter as the official invitation to be a team member of the Loudoun FLEXX Basketball (FLEXX) _____ team, for the 2021 Spring season. The FLEXX mission is to increase the basketball IQs of our players while developing skills, character, sportsmanship, and team unity. Every FLEXX team player is an essential, integral constituent of the whole.

Please read all pages thoroughly. After reading, please complete, sign and date all pages, scan and attach in an e-mail to the respective head coach of your team. Players will not be able to participate until all documents have been signed and received.

FLEXX understands that some of our players participate in other sports and activities. Whichever team you have been selected to, we hope it meets the needs and balance you are looking for.

The FLEXX _____ team intends on practicing several times a week and participating in several AAU tournaments around the DC/MD/VA area.

The 2021 Spring season payment to participate on the FLEXX _____ team is \$_____. This payment covers gym time/space from March 2021 thru June 2021 and team agreed to AAU tournaments. As the parent of the player, you agree to pay the amount as outlined in this agreement. You also acknowledge that no refunds will be given if the player elects to leave the FLEXX program after Fee payment has been made.

- Fee Payment of \$_____ must be made before March 19, 2021.

- Payment for fees can be made via PayPal to _____. Fee Payment does not include fees associated with electronic payment.
Please include electronic transfer fees in your payment, otherwise a second request will be made for this fee.



2021 Loudoun FLEXX Basketball Team Rules

- COVID-19 Health Check Procedure. All participants in FLEXX activities will be required, to comply and adhere to the PRCS approved FLEXX Return-to-Play plan and defined health check procedures. The plan describes all procedures regarding health and safety due to the COVID-19 pandemic. The plan complies with all PRCS, LCPS and VHD procedures for indoor sports play. Failure to submit the health check prior to arrival at the gym will result in that participant (player or coach) being prohibited from participating until the health check requirement is fulfilled. Any player or coach that submits a legitimately failed health check will not be permitted to enter the gym or participate. *(It is incumbent on all of us to answer the health checks honestly for the safety of our community, our children, and ourselves).*
- Loudoun FLEXX Basketball (FLEXX) may request information from parents indicating a player's current grade (e.g. report card), and proof of age (e.g. birth certificate). Some AAU tournaments require proof of age and grade for participation. If requested and required by a tournament, coaches will maintain all player documentation.
- Players, parents and/or legal guardians must display sportsmanship at all times during practices, tournament games and while traveling during FLEXX team events. Conduct unbecoming of a FLEXX player includes excessive, inappropriate protests towards officiating, or discomfiting behavior towards opponents or our opponent's parents.
- FLEXX and its coaches do not guarantee specific participant playing time minutes. Playing time will be earned based on participation and execution in practices and games, and also at the discretion of the coaching staff.
- Parents who wish to express concerns regarding their player should not approach a coach immediately following a game. Please set up a time to speak before or after a practice.
- Our player's academic progress is extremely important. We encourage all players to achieve the honor role at a minimum.

Player Name (printed) _____

Player Signature _____

Date: _____

Parent or Legal Guardian Signature _____

Date: _____



PARENT INFORMATION

Loudoun FLEXX Basketball (FLEXX) needs parents to help when necessary and your participation is encouraged and appreciated (keeping score, keeping time on clock, when necessary).

Book: _____

Clock: _____

PLAYER MEDICAL INFORMATION

List Medical Problems (Including Allergies):

List Medications Taken on a Regular Basis, or if there is anything that the FLEXX should critically know about your child in the event a legal guardian or parent is not present at a practice or a game that would aid in their medical treatment if necessary:

LIABILITY WAIVER

I do hereby grant permission for the above-named youth to participate in any and all FLEXX activities. I understand that risk of injury exists in the participation of these activities, as well as during transportation to and from activities. I hereby assume all risks and hazards incidental to such participation, including transportation to and from such activities. I also hereby waive, release, discharge, absolve, indemnify and agree to hold harmless FLEXX and its respective coaches, assistants, agents, players, parents, guardians, sponsors, supervisors, participants, Administrators and volunteers from any and all claims for damage or injury arising from any activities of this sports program or the transportation to any activities. In the case of an emergency outside of my presence, I grant permission to the hospital and staff to provide any treatment that Certified Emergency Personnel (i.e. Emergency Medical Technician, Emergency Room Physician, etc.) deem necessary for the well-being of my youth. I understand that I, or my insurance company, will be responsible for the associated medical fees/bills.

Parent or Legal Guardian Signature _____

Date: _____



WEB PERMISSION

Loudoun FLEXX Basketball (FLEXX) frequently recognizes winnings and outstanding players on the organization website (loudounflexxbasketball.org) and advertisement and other publications. Parents please initial in one of the spaces below to indicate your permission to allow the use of your child's photo and/or name in these activities. (In the event of an advertisement, FLEXX will provide the ad for your review if your son is in the image).

Yes: _____ No: _____

Parent or Legal Guardian Signature _____

Date: _____