

## INSPIRE BOYS and GIRLS BASKETBALL TEAMS

FALL 2021



This program is open to students currently grade 5-12.

No experience is necessary to participate in basketball, although it is helpful.

Middle School is grades 5,6,7

JV/Varsity is grade 8-12

**Coach:** Coach Jessica Wilcox - coachjessicawilcox@gmail.com

**Cost:** \$350 per year, includes uniform. Can be broken into 2 payments (must give post dated check at registration). Can be broken into 2 payments, 1<sup>st</sup> payment due with registration no later than Oct 4, Min 1<sup>st</sup> payment \$200. Please add \$10 convenience charge if breaking up payments. If breaking into payment you must hand in a post dated check dated at registration for second payment dated for November 1<sup>st</sup>. Some financial need part-scholarships are available.

**Registration Deadline Due:** Monday, October 4th

**Registration:** Scan and emailed to - [inspirehsa@gmail.com](mailto:inspirehsa@gmail.com) and payment made via credit card or handed in person and paid with a check. Please note if you are paying in full or making two payments.

**Try-Outs:** There are no try-outs. All who register will make the team. No experience is necessary.

**Regular Practices Held:** Mondays and Wednesdays – starting October 4,  
Inspire Homeschool Academy – Pleasant Grove Baptist Church Gymnasium – 1167 Angham Rd, Hiram  
**Note:** Inspire sports is not affiliated with the church. They are graciously allowing us to use their facility.

**Girls practice: 1:00pm until 3pm**

**Boys Practice: 2:30pm until 4:30pm**

There may be some days/times that will need to be adjusted due to conflicts. You will be given ample notice of any time adjustments. Practices start October 5th

**Games:** Game schedule will be provided by team manager once final team rosters are settled.





## INSPIRE HOMESCHOOL ACADEMY 2021 BASKETBALL PARTICIPANT INFORMATION FORM

Student's Name: \_\_\_\_\_

Name student prefers to be called by (if any): \_\_\_\_\_ Sex: Male Female

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's 2020-2021 Grade: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Parent's E-mail address that is checked regularly: \_\_\_\_\_

Student's Email address that is checked regularly: \_\_\_\_\_

Does your child currently attend Inspire Homeschool Academy? Yes \_\_\_ No \_\_\_

Do you plan on attending/applying to Inspire for fall of current school year? \_\_\_ Yes \_\_\_ No

Are there any medical, mental, emotional, social, or academic issues of which we should be aware? If so, please list.

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

☐ Does your child require the use of an Epi-Pen? \_\_\_\_\_ If so, Anaphylaxis Action Plan MUST be filled out and kept on file.

☐ Does your child have ASTHMA? \_\_\_\_\_ If so, Asthma Action Plan MUST be filled out and kept on file.

Emergency Contact (other than parent) Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to child/parent: \_\_\_\_\_

Does your child have any experience in basketball? If so, please tell us about it. (note: experience is not necessary) \_\_\_\_\_

\_\_\_\_\_

I have attached:

☐ \$350 Registration/Uniform Fee (Cash/Check/CC) – can be broken up into 2 payments – (must give a posted dated check for Nov 1st for 2<sup>nd</sup> payment)

☐ Release of Liability for Minor Participants in Sports Form

☐ Copy of Health Insurance Card (front and back) \*

☐ Copy of Birth Certificate \* (unless on file)

☐ Copy of Most Recent Report Card/Transcript \*

☐ Copy of your most recent Letter of Intent/DOI\* (not needed for Inspire enrolled students)

☐ Sport Exam and Medical Release\* – Due by October 4th (Can use one from earlier sport season if within past 6 months)

Items with a \* may be handed in to Team Manager at first practice/camp.



# INSPIRE HOMESCHOOL ACADEMY

## RELEASE OF LIABILITY FOR MINOR PARTICIPANTS IN SPORTS

### READ BEFORE SIGNING

IN CONSIDERATION OF (minor child's name) \_\_\_\_\_, my child/ward, being allowed to participate in any way in the (sport) \_\_\_\_\_ related events and activities with Inspire Homeschool Academy, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

- FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
- I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
- I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Inspire Homeschool Academy; its owners, directors, officers, officials, agents, employees, contractors, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
- I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.
- In case of a medical emergency, I hereby give permission to Inspire Homeschool Academy Staff, Coaches, Trainers and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to Inspire Homeschool Academy Staff and Volunteers to disclose the information contained on his/her forms to medical personnel. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. Inspire Homeschool Academy also does not provide any medical or other insurance protection or benefits for those who participate in their sports program.
- Insurance Waiver - I understand that my child must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in, or the practice for, all athletic events as a student in the Inspire Homeschool Academy sports program during the current school year. I also certify that said insurance will be kept in force during the full time that my child engages in the practice for or participation in athletic events during the current school year.

Name of Insurance Company \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_

***I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.***

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(DATE SIGNED)

### UNDERSTANDING OR RISK

*I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.*

\_\_\_\_\_  
(STUDENT PARTICIPANT SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(DATE SIGNED)

## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Inspire Homeschool Academy LLC athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Inspire Homeschool Academy, their owners, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_