

FALL BOOT CAMP 2021

Registration ongoing - contact the office for details

Drop off or mail the form in - must be received and processed before your child can attend

SOUTH VALLEY ATHLETICS

PO Box 1565 Cottage Grove, OR 97424 Phone: 541-942-3079 www.southvalleyathletics.org
700 E. Gibbs Avenue (in the Community Center) southvalleyathletics@gmail.com



PLAYER INFORMATION: Name: _____

Birthday: _____ Age: _____ Gender (**circle one**): boy girl Grade: _____ School: _____
(2021-2022 school year)

Does your child have asthma? Yes or No Does your child have any allergies? Please list: _____

Any other info we should know about your child: _____

PARENT/GUARDIAN INFORMATION:

Parent/guardian name(s): _____

Address (where you get your mail): _____

City/Zip: _____

Phone: h w c _____

Email: _____

Phone: h w c _____

we do not share your email address outside of our organization

Which phone number would you like listed for the coach?

***Preferred method of contact from office (**circle one**):
any text email phone

Camp info:

Wednesday's starting 11/3/21

Time: 3:30-4:30

Ages: 10 and up

Location: TBD (Bohemia Park or the old Harrison Elementary)

Cost: FREE!!! Thank you to Oregon Community Foundation! ***

We are not providing shirts for this camp

***If you are 18+ we are requesting a \$5 donation per session to help continue providing the bootcamp

SEE REVERSE SIDE



OFFICE USE
cash check visa mc amex
ck or mo#
amt \$
init

_____ I give permission for my child to participate in South Valley Athletics (SVA) sports programs. I acknowledge that sports activities
Initials may be hazardous and I release SVA from any liability for injury to persons or damage to property, up to and including death.
In an emergency, SVA has my permission to call an ambulance to take my child to any available physician at my expense.

_____ I give permission for SVA to take photos of my child and use them for publicity purposes.
Initials

_____ I understand that the registration fee is due when I register my child.
Initials

_____ I understand that there will be a \$25 fee for all returned checks/payments.
Initials

_____ Refunds may be requested in full before camp starts. After the first day you must submit in writing on a form provided by
Initials SVA why you are requesting a refund; we will let you know if a partial refund is approved.

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING COVID EXPOSURE OR SYMPTOMS:

• Within the last 14 days, have you/your participant or a household member had close contact with a symptomatic
person diagnosed with COVID-19? **YES** **NO**

• Do you/your participant have any of the following symptoms: fever, chills, cough, difficulty breathing, sore throat,
body aches, new headaches, or loss of taste or smell? **YES** **NO**

• Has the participant ever tested positive for COVID-19? If yes, please provide the date of the positive result.
YES **NO** **Date, if positive:**

• Was the participant symptomatic? **YES** **NO**

• Did the participant see a healthcare provider (HCP) for their COVID-19 symptoms? **YES** **NO**

• Did the participant have any cardiac symptoms such as chest pain or tightness, shortness of breath out of proportion
for upper respiratory tract infection, new fast or slow heart rate, blood pressure changes, HCP diagnosed cardiac
condition, or syncope? If yes, please provide additional information below. **YES** **NO**

• Was the participant hospitalized? If yes, provide date(s). **YES** **NO** **Date, if yes:**

• Was the participant diagnosed with Multisystem Inflammatory Syndrome (MIS-C) and is the participant under care
for this? Please explain below. **YES** **NO**

• Is there any general communicable disease information about the participant that should be shared?

COVID-19 Liability Waiver

The novel coronavirus (“COVID-19”), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **South Valley Athletics (“SVA”) cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in basketball (BB). Participation in BB includes possible exposure to and illness, injury, or death from infectious diseases including COVID-19.**

In consideration for providing my child the opportunity to participate in BB and any related transportation to and from BB events, both my child and I voluntarily agree to waive and discharge any and all claims against SVA and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of SVA or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless SVA, its Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my child’s participation in BB. I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named athlete.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in BB, the above-named athlete and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release SVA from all liability for any loss regardless of cause, and claims arising from the athlete’s participation in BB.

South Valley Athletics Code of Conduct and
Zero Tolerance Policy

South Valley Athletics strives to provide a positive experience for all persons involved in our programs. All persons involved shall respect the facilities, uniforms and equipment provided for their use. Coaches will provide clear communication directly to parents regarding practice and game times. Parents and players will make every effort to attend all practices and games, and notify coaches if they are unable to do so. Players and coaches will arrive on time, ready to participate. NO player should ever be left without adult supervision at a practice or game. Any perceived misconduct by a coach, parent, player or official should be reported immediately to SVA.

Parents and coaches are expected to set a positive example regarding sportsmanship, teamwork and respect for all persons involved with SVA. Parents and coaches are expected to help players learn the rules and skills of the game. Players and coaches will play safely and follow the rules as written by SVA, both in letter and spirit. Parents and coaches will help players learn how to win and lose gracefully, and to respect the authority of the officials. Players will be expected to demonstrate good sportsmanship on and off the field.

ONLY coaches may approach referees for clarification of a call. No one may address an official in a demeaning, disrespectful, profane or threatening way. Profanity/abusive language or behavior directed at anyone, by anyone will not be tolerated and may result in immediate ejection from the event. Any person ejected more than once during a season will not be allowed back during that season. Referees may assess a penalty against the team whose participant committed the offense. If the problem persists, the game may be forfeited. Parents and coaches are responsible for the behavior of their kids and any guests at all times.

By signing below, I am stating that I understand the above and agree.

Signature

Date