

2019 Junior Representative Program Forms

Parents/Guardians & Players					
Congratulations on being selected to participate in the Rockhampton Basketball Incorporated Junior Representative Program for 2018/2019.					
Please find attached the forms that are required to be completed and returned to your team Manager prior to attendance at any Carnival or event. If forms are not submitted you will not be able to participate in upcoming events.					
Please ensure all items listed below are provided:					
Personal Detail Form					
Authority to Administer Medication					
Athlete's Agreement					
BQ Photography					
Parent Agreement					
Copy Birth Certificate (do not need to provide if played in the 2016/17 or 2017/18 representative seasons)					
Once you have completed all forms, return to Manager. If you have any questions regarding the forms, please contact Karen Cowie by email at Karencowie16@gmail.com .					
Many thanks					
Junior Representative Committee					
Team Manager Signature: Date:					



Confidential Personal Details

These details are requested to enable contact to be made with a Player's parents/next of kin in the event of any emergency and are STRICTLY CONFIDENTIAL.

Player Details					
Players Full Name:					
Address:					
Town:			Postco	de:	
Date of Birth			Country	y of Birth:	
Parent/Guardian				<u>. </u>	
Names					
Preferred Email					
Telephone:	W	H:		М	
Medical History and Authorisation					
Any relevant family his	story				
Date of last anti-tetanu	JS				
injection:					
Medicare Number:					
Private Health Fund:		Mer	nbership Nu	mber::	
Does your son/daughter suffer from any of the following (Yes/No)					
Asthma			Blood pressu	ıre	
Epilepsy			Recent injuri	ies	
Respiratory Problems			Allergies		
Diabetes			Heart Proble	ms	
Other – please list		,		•	



<u>Medication</u>						
Does your son/daughter re	Does your son/daughter require medication to be administered during the program (Yes/No)					
If Yes, please give details	of any prescribed medication being taken	by your son/daug	hter and	complete the 2017 18		
Authority to Administer Me	dication Form for each prescribed medica	ation. Include dos	age, freq	uency, any doctor's		
special instructions)						
Is your son/daughter a veg	Is your son/daughter a vegetarian? (Yes/No)					
Does your son/daughter ha	ave any special dietary requirements? Ye	es /No				
If yes please provide details:						
I hereby authorise the obtaining on my behalf of any such medical assistance my son/daughter may require in the even of an accident or illness as is deemed necessary by attending Medical Officer.						
Signed (Player):		Date:				
Signed (Parent/Guardian)		Date:				



Authority to Administer

Name:				
Doctor:			Phone:	
Date prescribed:				
Name of Medication				
Prescribed dosage:				
Administration instruction prescribing Doctor:	tions as described by			
Storage requirements:				
Is this the first time an medication given?	Yes /	No		
I give permission for the Team Manager or Coach to give this medication to my child as prescribed by the child's doctor.				
I give permission for the Team Manager or Coach to provide Panadol/Paracetamol to my child if required.				
Their weight is:			kg	
Parent/Guardian signa	iture:			
Date:				
<u> </u>	Admir	sistration Dotails		

Administration Details

Date	Time	Name of Administrator	Signature of Administrator	Name of Witness	Signature of Witness



Athletes Agreement

I agree to the following Code of ethics as a participant within the above program:

I WILL:

- 1. Maintain personal habits of health conducive to sporting excellence.
- 2. Abide by both rules and spirit of my sport.
- 3. Neither take nor use drugs nor participate in other practices prohibited under this program (in other words no smoking, no alcohol, no drugs).
- 4. Agree that if the official in charge or nominated supervisor at the time reasonably suspects that I am under the influence of drugs or have participated in other practices prohibited under this program, I understand that I will be immediately sent home and therefore removed from playing representative basketball.
- 5. Strive to increase my standards at each practice and develop a professional attitude to basketball.
- 6. Communicate with team members throughout practice, talking it up both on offence, defence and from the bench, give maximum effort during each practice and game and help my teammates be involved while having fun.
- 7. Be committed to the program, which includes attendance at all practice and games unless a valid excuse is given to the coach or team manager.
- 8. Learn to handle both praise and criticism. (The coaches are trying to help you improves and learn the game of basketball. Don't be over sensitive. Don't take things personally. Handle constructive criticism positively and strive to improve your weakness).
- 9. Be loyal to my friends, team mates, coaches and the basketball program and receive their loyalty in return.
- 10. Assist with fundraising activities as requested by the association or team management.
- 11. Control my temper. Verbal abuse of officials and sledging other players to deliberately provoke an opponent are not acceptable and will not be tolerated by RBI.
- 12. Not bring the game of basketball or Rockhampton Basketball Incorporated into disrepute in any shape or form.
- 13. Play hard and aggressively but fair at all times.
- 14. Show good sportsmanship at all times.
- 15. Show respect to all officials, coaches, referees, managers etc at all times.



- 16. Respect the facilities, accommodation, buses, equipment that is used throughout the season. I fully understand that any bad behaviour will not be tolerated and that I will be answerable to the RBI board.
- 17. Understand that I will be up for any costs of any damaged equipment caused from my behaviour.
- 18. Bring forward any concerns or problems within the team to the attention of the head coach or manager. If I cannot communicate directly with these people I will seek the help of the Junior Development Officer or the RBI Representative Committee or Junior Committee.
- 19. Represent Rockhampton Basketball Inc to the best of my ability at all times both on and off the court.
- 20. Be a good role model for Rockhampton Basketball Inc.
- 21. Abide by all code of conduct agreements including those of Basketball Queensland as supplied.

Athletes Agreement

I acknowledge that I have read the Rockhampton Basketball Incorporated's Athletes Agreement and fully understand its content. Non-compliance with this agreement will be dealt with in accordance with the disciplinary procedures laid down in the Rockhampton Basketball Incorporated's Article of Association.

ATHLETE TO COMPLETE:				
Athlete's Name				
Signature				
Date				
PARENT/GUARDIAN TO COMPLETE:				
Parent's Name				
Signature				
Date				



Basketball Queensland Photo Permission Policy

Basketball Queensland has made an ongoing commitment to encourage participation in sport and physical activity. At the 2019 State Championships BQ aims to continue promoting the value of an active and healthy lifestyle by undertaking marketing & promotional activities. During this event BQ will produce and circulate media releases, web site updates, newsletters, & flyers. For these purposes BQ will again have professional photographers present at the event taking action & team photos.

As part of registering to participate at the State Championships, all players and their parents/guardians acknowledge and accept that players will be photographed by Basketball Queensland and their authorised photographers. When signing and submitting the Player Registration Confirmation form to BQ (Stage 2 of Team Nomination), the association acknowledges that photographers will be present and that all players, unless otherwise advised, have no objections to their photos being taken and published in one or any of the collateral items listed above.

I	, having	read	and	understo	od the	above
(PARENT/GUARDIAN NAME) information regarding the use	of photos	and vi	den t	aning ack	nowled	ne that
Basketball Queensland, and	-			-		
Associations and Institutes), ma	y use photo	graph	s / vic	leo of my	child	
(PLAYER'S NAME - Please print o	learly)					
during activities associated wit	h the 2018	3/10 Ju	unior	Represen	tative Pi	rogram
for publications (including BQ or Association websites and media outlets such						
as YouTube) to promote basketl	oall in the f	uture.				
(Parent/Guardian Signature)		(Playe	rs Sig	nature)		



By allowing your child to participate in the Rockhampton Basketball Incorporated Junior Representative program, you as parent/guardian agree to adhere to the following:

- 1. To follow the RBI parent code of behaviour as outlined in the RBI Representative Parent Handbook.
- 2. To make payments as set out in player payment schedule on or ahead of scheduled timelines. If I foresee an issue with being able to adhere to the scheduled payment dates, I will contact the Representative Financial Controller well ahead of the deadline with a proposed payment arrangement for approval.
- 3. To ensure my child attends all practices, games, and official events in the appropriate RBI Representative uniform as outlined in the RBI Representative Parent Handbook.
- 4. To ensure my child attends all scheduled trainings, or to effectively communicate with the teams Coaching Staff when they are unable to attend.
- 5. To ensure my child attends all scheduled competitions, carnivals, and championships, or to effectively communicate with teams Coaching Staff when unavailable. I acknowledge that I will still be responsible for costs associated with tournaments that my child is unable to attend.
- 6. To ensure my child arrives at least 15 minutes prior to training commencing, and at least 45 minutes prior scheduled tip-off time for games.
- 7. To ensure my child is available to participate in all pregame and postgame team activities.
- 8. To complete any rostered duties such as scoring, videoing, stats, collection of door entry at home carnivals etc.
- 9. To allow the coaches to coach. I will not coach my child, or my child's team from the sideline.
- 10. To never ridicule or verbally challenge an officials' decisions. I acknowledge that RBI has a zero tolerance stance in relation to abuse of officials.
- 11. To be supportive at all times of my child, other players on the team, and team staff. I accept that any public displays contrary to this will not be tolerated.
- 12. To wait at least 24 hours to discuss any serious concern that I may have with the Coaching staff. Under no circumstances will I approach a coach or manager court side pre or post game to raise my concerns.
- 13. Breaches of the Parent Agreement Form may result in a player being removed from the RBI Junior Representative Program. Breaches to clauses 10, 11, and 12 of the Parents Agreement Form <u>WILL</u> incur a fine of \$100 which will need to be finalised prior your child participating in any further representative activities.

Parents Agreement

PARENT/GUARDIAN TO COMPLETE:				
Name/s				
Signature/s		Date		
Name/s				
Signature/s		Date		