



REBOUND Registration Form



Name: _____

Date of Birth: _____ Age: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Home Phone: _____ Cell phone: _____ E-mail: _____

Do you have a Non-Drivers I.D.? YES NO If no what type of I.D. do you possess? _____

Race (Black, Latino, White, Asian, Bi-racial, etc.) _____ SHIRT/JERSEY SIZE _____

Do you have children of your own? (Please circle) YES NO If YES, how old is your child? _____

SCHOOL/ WORK/PERSONAL INFORMATION

Are you currently in school? YES/NO If yes, in which school are you registered? _____

What is the last grade you completed? _____ Do you have a high school diploma? _____

Do you have an active checking or saving account? _____

LEGAL CASES

Have you ever been arrested? _____

Are you on probation/parole? YES NO If yes, how long have you been on parole/probation _____

Are you in any other programs? YES NO If yes, which one(s)? _____

If yes, what days/times do you attend? _____

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____

Home Phone: _____ Cell phone: _____ E-mail: _____

EMERGENCY CONTACT PERSON

Name: _____ Relationship: _____

Home Phone: _____ Cell phone: _____ E-mail: _____

Address: _____

Can this person take care of you if you are unable to travel home? _____

HEALTH & GENERAL HISTORY

Are you restricted from any activity? _____

Please identify any medical condition or medical history that would require special attention:

I certify that the named participant is in good health and fully able to participate in all basketball activities with the exception of any specific restrictions described above.

Date: _____ Participant or Guardian (*IF UNDER 18YRS OLD*) _____

Consent for Emergency Medical Treatment

I give authority to the program agency’s staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible. I understand that every effort will be made to contact me before and after medical care is provided.

____ Yes, I give permission

____ No, I do not give permission

Consent Statement

I the undersigned, certify that I have reviewed all the above consent statements and indicated my wishes. I understand that consent is voluntary and I can withdraw it in writing at any time.

Participant/Applicant Name

Participants Signature (if 18 or older)

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

Please return this form to The Rebound Program



REBOUND



CODE OF CONDUCT

Rebound strives to create a safe environment free of discrimination and harassment. Accordingly, all participants and their parent/guardian are required to read this “Code of Conduct” statement to demonstrate their understanding of, and compliance with, Rebound behavior expectations for every participant.

Participants will not be allowed to participate in Rebound if form has not been signed.

We urge you to review the following information closely. You are welcome to call Shari Bailey at 332-999-8286 if you need any clarification.

REBOUND PARTICIPANTS REQUIREMENTS

- 1) Be active listeners, cooperate, and follow directions given by coaches, commissioners, directors, program staff and guest speakers at all times in order to get the most out of the experience.
- 2) Respect the rights and beliefs of others, and treat fellow players, coaches and all others, as well as public and private property with the utmost respect.
- 3) Refrain from using rude, offensive, or generally bad language. Harsh verbal words, threatening tone of voice, foul language or offensive gestures will not be tolerated.
- 4) Stay within the gym at all times unless otherwise instructed by staff. No participant is allowed to roam the premises.
- 5) You may not bring or carry firearms, fireworks, or weapons of any kind to Rebound. **Participants who do not follow this rule will be dismissed from Rebound immediately.**
- 6) You may not bring or carry to Rebound, or use, illegal drugs, tobacco, or intoxicants of any kind. **If a participant is under the influence they will be sent home and will have a meeting with the director within 72 hours. Intoxication or possession may lead to dismissal from Rebound.**
- 7) Be responsible for cell phones, games or any other personal items kept in your possession. Bringing cell phones and other personal items of value is discouraged. No lockers are available to participants at our facilities. Rebound is not responsible for any personal items that are lost or stolen.
- 8) **Rebound has a zero tolerance policy for fighting. Anyone caught fighting in or outside the vicinity of Rebound may be dismissed.**
- 9) No Friends or Family are allowed to hang out at Rebound unless they have permission from staff.
- 10) **There will be no flags, beads or anything connected with gang culture at Rebound.**
- 11) **Rebound is not a place to connect, meet or hookup with fellow participants in an inappropriate manner while at Rebound.**

CONSEQUENCES

Our staff will immediately investigate all incidents. Should a participant’s behavior be deemed inappropriate, the staff will handle the situation with appropriate disciplinary practices. This includes being sent home, mediation, dismissed, etc. Furthermore, any participant who does not or cannot respect his or her fellow peers, our staff, the environment, and/or the entire community- and who does not respond to our intervention will be dismissed from Rebound immediately.

I CERTIFY THAT I HAVE REVIEWED THE REBOUND CODE OF CONDUCT POLICY. I FULLY UNDERSTAND THE OBLIGATIONS STATED THEREIN AS WELL AS THE CONSEQUENCES FOR VIOLATING SAID POLICIES

Participant or Guardian Signature: _____ Date: _____



We see what can be.

General Agency Media Release

I confer on Good Shepherd Services permission:

1. For unlimited use, both now and in the future, of any and all
 - photographs that have been taken of me or my child during program events and activities;
 - video that has been filmed of me or my child during program events and activities;
 - interviews that have been conducted with me or my child during program events and activities;

2. To use or publish these photographs, videos or words for any purpose in any medium, including brochures, publicity campaigns, including our agency website, to publicize services, recruit foster and adoptive parents (foster boarding home program only) and /or seek financial support.
 - I understand that participation in photography, videos and interviews is entirely voluntary.
 - I understand the purpose of this document and appreciate that my picture, first name and words will be publicly disclosed.
 - I have been informed of and understand the confidential nature of certain information concerning myself and other participants in Good Shepherd's programs.
 - I hereby release Good Shepherd Services from any claims in connection with the use of these photographs, videos and interviews and discharge Good Shepherd from liability in the event that I voluntarily or inadvertently disclose confidential information about myself and others. This authorization and release will also be provided for the legal representatives and agents of Good Shepherd Services.
 - Good Shepherd Services acknowledges that any use or publication shall not render the photographs/videos/interviews, inaccurate or misleading.
 - I have read this document and fully understand its contents. I am the person (or the parent or guardian of the person) named below. I give consent to these terms.

Date: _____

Name of Individual to Be Photographed/Filmed/Interviewed:

Address: _____

City, State ZIP: _____

Telephone: _____

Date of Birth: _____

Signature of Individual/Parent/Guardian (under 18 years):
