



2021 PARENT-STUDENT HANDBOOK

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February 26, 2021

Dear Student-Athlete,

I would like to officially welcome you to the Ohio Impact Basketball & Ohio Lady Hoopsters - Impact Program for the 2021 season.

We are excited that you have been selected to be a member of our program and with an abundance of hard work, you together with our coaches and team of trainers will achieve tangible results.

Please understand that your success as an athlete in our program ultimately depends on your commitment to the process of learning the game and improving your individual skills. Impact provides athletes with the resources, repetitions and expertise to foster ultimate growth. Only you determine the degree in which these tools are utilized.

Our duty and goal as a program revolve around creating a challenging, and competitive learning environment for you to walk away with a better understanding of the game of basketball and the confidence to apply the skills being taught. During this program we encourage you to use the resources available, talk with the coaches, get extra reps, watch film and put in the extra time outside of practice to get better. Those who stop working, stop growing.

Our staff is extremely honored and blessed to have a part in the development of you as an athlete. Let's have an enjoyable and game changing experience here at Impact this season!

Best Regards,

Team Impact!

MISSION

The mission of Ohio Impact Basketball Club is development first. We strive to develop each athlete in three critical areas of basketball and life to enable them to become a productive member of their family, community, and team, compete at a high level in training, practices and games, and to build confidence and competency in themselves as young women and athletes.

3 Critical Areas:

Personal Accountability. Being a member of Ohio Impact Basketball means more than representing individual interests. Athletes are responsible for positive representation of their family, their faith, their teammates, their school, and the Impact organization. On and off the court athletes are expected to conduct themselves in a manner that uphold the values of each.

- “It’s important to keep trying to do what you think is right no matter how hard it is or how often you fail. You never stop trying...”

Skill Development and Conditioning. At Ohio Impact we put a strong emphasis on skill development and strength and conditioning. It is our expectation that players use all resources at their disposal before, during and after practice sessions. Practice sessions are designed to rival those of the top high school and college programs.

Become a Competitor. Athletes will be placed in high pressure, fast paced situations during practice to learn to compete at a high level at "game speed".

PLAYER/PARENT CONTRACT

This PLAYER / PARENT CONTRACT made by and between Ohio Impact Basketball and _____ (“Player”) and _____ (“Parent”) is for the purpose of securing a spot on the Ohio Impact basketball team roster for the 2021 AAU Season. For consideration given, Ohio Impact Basketball, Player, and Parent do hereby agree as follows: PLEASE INITIAL BESIDE EACH SUB-NOTE BELOW

- (1) Waiver and Release –the Player and Parent agree a Waiver and Release will be executed and become a part of the Player Contract.
- (2) Medical Release –the Player and Parent agree a Medical Release will be executed and used in the event of a medical emergency and become part of this Player Contract.
- (3) Basketball Season –For purposes of this Player Contract (“Contract”), The Ohio Impact travel season will begin between February 14 and March 7, 2021 and conclude as each coach may determine.
- (4) Player Fees – the Parent understands that there are certain and specific player fees, which are required, in order to participate with Ohio Impact.
 - a. Club Fees – Each Player shall pay a non-refundable club participation fee that coincides with their division of play:

Grades 8th-11th - \$600-\$700 which is non-refundable. **Uniform Fee not included.**

Grades 4th-7th - \$600 which is non-refundable.

A deposit of 50% is due by 02/29/2021 in order to hold players spot and all paperwork must be submitted at the same time. b. Payment schedule is as follows.

c. If you have a special circumstance with a player, please let your Coach know so Ohio Impact can make arrangements. Sponsorships and Fundraising will also be available for the 2020 season. d. Payment covers: Uniform Set and Shooting Shirt (Grades 3rd through 7th), practice jersey if applicable, Practice Gym Rental, AAU membership, Tournament Fees, Coaching Fees and equipment (first aid/score books/balls). Also included in certain divisions is an extensive training/skill development program. Each player will be receiving roughly \$2000.00 of an AAU development package for \$600-\$700.00.

6.) Rules and Regulations – The Player understands and agrees to comply with any and all rules and regulations, which are promulgated from time – to -time by Ohio Impact . Any violation of the said rules and regulations may cause the Player to be suspended and/or dismissed from the team.

a. Missed practices & Tournaments – Attendance at events is important to Ohio Impact and the other players. Travel Division Players are permitted three excused practices and must attend a minimum of one skill development session per week; Regional Division Players are permitted four excused practices and must attend at least one skill development session per week; Development Division Players are permitted 5 excused practices and skill development sessions are optional. As such, all players are expected to attend all events if possible. All players should arrive to practice on time and ready to work. The TEAM is counting on you and suffers when all are not in attendance. Coaches reserve the right to make practices closed sessions. b.

Playing Time – The Player and Parent understand that the Ohio Impact coaching staff does not promise playing time to any player. Our coaches are committed to discussing all matters that concern parents with the exception of playing time. Matters concerning playing time shall be

discussed between the Player and the Coach only. Players and Parents please understand that the stands, team dinners, hotels, or parking lots at a tournament game are not the proper time to discuss playing time, but players may schedule a time before a practice or after a practice. It is our philosophy that each player must earn his time on the court by competing for a starting position and demonstrating teamwork and sportsmanship both on and off the court. The player not the parent is encouraged to talk with the Head Coach. b. Additional Players/Participation – The Player and Parent understand that if there's a need to fill a certain position on the team to compete, coaches may exercise their authority to pick-up additional players to add onto the roster. ALL Impact players cannot play with any other organization or team during the season without consent from the Director of Ohio Impact.

(8) Sportsmanship and Academics –The parent and Player understand and agree that undermining the coaches at practice or games does not promote a positive atmosphere for our program. All coaches in Impact are giving their time and talent so that our children develop to the next level of playing. A. Sportsmanship – The Player and Parents understand that they need to respect all of the members, players, parents, fans, and coaches of Ohio Impact. We will also respect all referees or opposing teams at all times. If a Player or Parent fails to behave accordingly, the Ohio Impact Staff reserves the right to ask you to leave or sit a player on the bench. This is not a situation that we like to arise, so please at all times maintain the reputation that we have all worked hard to establish.

(9) Insurance –Each player agrees to maintain a separate “insurance” policy, which shall cover the player during all activities with Ohio Impact. A separate “Waiver and Release” will be required to be signed prior to physical participation.

(10) Further Agreements –I certify that all information provided in the Player Contract is accurate. This includes my name, address, date of birth.

(10) Fundraising Activities - The cost of running an active AAU team ranges from \$2,500-\$15,000/year or more. This depends on how many tournaments the team decides to play in, and if the team needs to replace equipment, or purchase gear or shooting shirts or any other extra expenses. We would encourage all parents/players to participate in at least one fundraiser approved by the team and the organization and individuals will have the option of participating in any additional fundraisers to help offset fees or travel expenses. The cost of each tournament fee is approximately \$300 - \$1200 for the team. Teams may hold fund raising activities such as: car washes, discount cards, garage sales, raffle and bake sales.

Teams MUST seek Organizational approval before planning any fundraising events. We also ask that each team provide volunteers for any tournaments which we participates in. Teams will be required to run the clocks, man the door, sell concessions, monitor gyms and other duties as needed. The profits from these tournaments are used to fund team/organizational expenses.

Travel and accommodation expenses are the responsibility of the parents or fund raising activities of the teams. Rental fees and/or damage fees may be assessed in certain circumstances.

Address:_____

Phone Numbers:_____

Email:_____

I further agree to abide by all Ohio Impact Basketball, League, and/or National Association Rules.

Signature of Parent

Date

Approval Ohio Impact Basketball

Coaching and Staff Expectations and Guidelines

Preparation

- COME PREPARED. BE EFFICIENT, USE PRACTICE TIME WISELY. DEVELOPMENT IS ABOUT TEAM FIRST AND THEN THE INDIVIDUAL.

Energy, Enthusiasm, Encouragement

- OFFER CONSTRUCTIVE FEEDBACK AND ENCOURAGEMENT. INSPIRE ATHLETES TO GIVE FULL EFFORT.

Behavior

- EYES ARE ALWAYS ON YOU, LEAD BY EXAMPLE. RESPECT PLAYERS, PARENTS, OFFICIALS, AND OPPONENT.

Communication

- TEACH FIRST. BE CONCISE IN YOUR DIRECTIVES AND COMMUNICATION. OFFER ATHLETES AND PARENTS OPPORTUNITIES TO ASK QUESTIONS.

Coach's Signature: _____

Parent Expectations and Guidelines

Energy, Enthusiasm, Encouragement

- TRUST, SUPPORT, AND APPRECIATE CHILD, TEAMMATES AND COACHES.
- SUPPORT CHILD AND MONITOR THEIR SPORTS EXPERIENCE.

Behavior

- WE ENCOURAGE PARENTS TO PROUDLY REPRESENT YOUR CHILD AND BE A POSITIVE AMBASSADOR FOR OHIO IMPACT.
- RESPECT COACHES, OTHER TEAM COACHES, OFFICIALS AND ALL PLAYERS FROM BOTH TEAMS.

Communication

- COMMUNICATE CONCERNS TO COACHES.
- COMMUNICATE TIME/SCHEDULE CONFLICTS.

Parent/Guardian Signature: _____

Student-Athlete Expectations and Guidelines

Preparation

- COME PREPARED. USE COURT TIME FOR IMPROVEMENT. SET GOALS.

Energy, Enthusiasm, Encouragement

- GIVE FULL EFFORT. BE UNSELFISH. CARE ABOUT YOUR TEAMMATE. BE LOYAL.

BEHAVIOR

- DO YOUR BEST IN CLASS. RESPECT YOUR COACH.

Communication

- TALK TO COACHES. MAKE EYE CONTACT. RESPECT OFFICIALS.

Child's Signature: _____

OHIO IMPACT BASKETBALL PARENT FINANCIAL AGREEMENT

Parent Financial Agreement

I, _____ (parent) agree to pay the total sum of \$ _____ by _____ (date) for _____'s (athlete) 2021 Ohio Impact Basketball Tuition.

Initial Payment: _____ 50% down payment is due by February 29, 2021 (Mandatory to secure a position on a team) Credit Card, Cash, Check or Money Order are accepted. Please make checks payable to: Buckeye Impact Health and Performance. Online payments accepted at www.ohioimpactbasketball.net

The payment plan I will be using is as follows:

Travel Division (Grades 4th-8th) \$600: Uniform and Training Including

<u>Options</u>	<u>Due Dates</u>	<u>Amount Due</u>	<u>Total Payment</u>
Pay In Full ____	<u>Feb. 29, 2021</u>	\$600	
2 Equal Payments ____	<u>Feb. 29, 2021</u>	\$300	
	<u>March 12, 2021</u>	\$300	

Travel Division (14U) \$600: Uniform Included

<u>Options</u>	<u>Due Dates</u>	<u>Amount Due</u>	<u>Total Payment</u>
Pay In Full ____	<u>Feb. 29, 2021</u>	\$600	
2 Equal Payments ____	<u>Feb. 29, 2021</u>	\$300	
	<u>March 12, 2021</u>	\$300	

High School Division (15U, 16U, 17U) \$700: Uniform Included

<u>Options</u>	<u>Due Dates</u>	<u>Amount Due</u>	<u>Total Payment</u>
Pay In Full ____	<u>Feb. 29, 2021</u>	\$700	
2 Equal Payments ____	<u>Feb. 29, 2021</u>	\$350	

EMERGENCY RELEASE

	<u>March 12, 2021</u>	\$350	
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If payment has not been received by the agreement date Buckeye Impact Health and Performance will charge the following credit card or cash the postdated check for the balance that is due and there will be an added late fee of \$25 per month. There will be a charge of \$25 for any bounced checks.

In the case that we have to go to small claims court or collections we will seek payment and any related costs for collecting the owed balance. Failure to fulfill the financial commitment of this form will result in suspension from the club until the balance is paid.

CREDIT CARD AUTHORIZATION FOR DELIQUENT PAYMENTS ONLY

Name on Credit Card: _____

CC# _____

Credit Card Type: ___ MC ___ VISA ___ DISC Security code _____

ZIP CODE _____

Signature _____

Date _____

PARENT CONSENT AND WAIVER OF RESPONSIBILITY

PLEASE RETURN BY EMAIL OR BRING WITH YOU TO REGISTRATION

CAMP/CLINIC/CLUB ORGANIZATION/PRIVATE

LESSON/TRAINING: _____

It is agreed that all risks attendant to watching and/or participating in training activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by their signature hereto. It is agreed that parents and/or legal guardian agree to be financially responsible for any costs involved after the parent's/legal guardian's insurance has paid.

In consideration of Ohio Impact acceptance of

(Athlete's Name)

as a participant for the program for the period mentioned above:

I hereby certify the named participant is physically able to participate in the above mentioned Sports Performance programs and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

I hereby grant permission for physicians, dentists, other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or refer to duly licensed medical personnel when indicated.

Parent or Legal Guardian Signature

Date

MEDICAL INFORMATION

Medical Insurance Company: _____ Policy # _____ Group
Number: _____

Company Address: _____

Company Phone: _____

Name of Policy Holder: _____

DOB: _____

Participant's DOB: _____

Address: _____ City: _____ State: _____

Medical History (if pertinent):

Allergies, present medications, special considerations:

IF ADDRESS SAME AS ABOVE SKIP THIS SECTION

Parent/Guardian:

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT NUMBER

Name: _____ Relationship to

Athlete: _____

Home Phone #: _____ Work #: _____ Cell Phone #:

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of gaining membership or being allowed to participate in the activities and programs of Ohio Impact and the use of its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Ohio Impact and its officers, agents, employees, representatives, executors, and all other from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment and machinery in the above mentioned facility or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in an activities of Ohio Impact or the use of any equipment at Ohio Impact. (Please initial_____)

2. I understand and am aware basketball training, aerobic exercise and the use of equipment are a potentially hazardous activity. I also understand that sports activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or even death.
(Please initial_____)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of these activities and program of Ohio Impact or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/sports activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have decided to participate in an activity and or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in these activities.
(Please initial_____)

Signature_____

Date_____

Print_____

PHOTO AND VIDEO WAIVER

I give permission for myself/my child's photo to be used in any promotional material, such as a brochure, website or newspaper advertisement, only for the purpose of promoting Ohio Impact. I give permission for myself/my child to be videotaped for the purpose of testing my demonstrating technique, athletic abilities, or instructional training. My/my child's videotape may be used to promote Ohio Impact or teaching coaches and/or fitness professional's sound movement patterns.

Signature _____ Date: _____



ATHLETE NAME _____

MALE ___ FEMALE ___

DATE OF BIRTH ___/___/___

SCHOOL NAME _____

CURRENT GRADE _____

T-SHIRT SIZE _____

JERSEY SIZE _____

SHORTS SIZE _____

DESIRED UNIFORM # 1ST CHOICE _____ 2ND CHOICE _____

HEIGHT _____ WEIGHT _____

PARENTS NAME _____

PHONE # () _____ - _____ EMAIL _____

IS IT OKAY TO TEXT GAME & PRACTICE INFORMATION? _____

WHAT DAYS AND TIMES AVAILABLE TO PRACTICE?