



Coach, Player, & Parent Agreement

* Player's Name: _____
* Player's Phone: _____
* Player's Email: _____
School Attending: _____
Grade: _____
Birthday: _____
Age: _____
Emergency Contact: _____
Any Known Medical Conditions:

Parent's Name: _____
Parent's Phone: _____
Parent's Email: _____

I, Coach Deon, will teach your child the game of basketball with integrity. I will help to provide a safe place for your child to develop basketball and life skills. As a member of Blue Magic, your child is expected to learn the game, respect others, show up for practice, show up for games, and never quit on his team. If any child shall violate this agreement, it is cause to be suspended or removed from the team.

| | |
|--------------------|-------|
| Parent's Signature | Date |
| _____ | _____ |
| Player's Signature | Date |
| _____ | _____ |
| Coach's Signature | Date |
| _____ | _____ |