

JR High Fall Basketball League 2020

Due to the circumstances, NO special requests for game scheduling

Register By: Sept 16, 2020

Register at the Rec Center or via phone

Season Begins: Oct 10, 2020

Fees: Non Resident \$62.54

Non Resident w/o jersey \$58.30

City Resident \$56.18

City Resident w/o jersey \$51.94



Leagues:

7th & 8th Grade (boys)

- **Play 1 game a week for 6 weeks, 6 game schedule.**
- **Games will be played on Saturdays (some Monday-Thursday evenings 6:30pm to 10pm).**
- **Games will be played at Rec Center**

***** Due to limited Gym space, our leagues will give registration preference to City and Bonneville county teams first. Others will be allowed as space is available. Teams from other counties must call and be put on a wait list to be added in the order that they were received as space is available. Out of County teams on waitlist would be notified on Sept. 17 if allowed in.

***** The city is unable to provide practice space for teams. Contact your local school district to learn of any available school use for practices.

Registration Information:

- **Mandatory coach background check form included in packet. (Good for 2 years)**
- **This packet includes waivers which must be signed by each participant's parent or legal guardian. Waivers are good for one year.**
- **Rosters MUST be accompanied by all fees and waivers when turned in. DO NOT instruct your players to come in to pay separately.**
- **If you need additional players call the Recreation Center at 208-612-8580.**

Games schedules will be posted at www.ifrec.org when completed.

City of Idaho Falls

Junior High Basketball Regulations

1. Eight (8) minute quarters. Clock stops on foul shots and last minute of 2nd and 4th quarters. The clock will run in 4th quarter if a team is 15 points ahead.
2. Teams are allowed two (2) time outs per half.
3. Any defense can be used.
4. Games need to begin on time. Please do not be late. When late, game clock will be set and started. Teams will play remaining available time.
5. Four (4) players needed to begin the game. Both teams must play 4 players.
6. A regulation 28.5 basketball will be used for girls and a 29.5 for boys.
7. The clock will run in 4th quarter if a team is 15 points ahead.
8. Unsportsmanlike conduct will not be tolerated. Any player, coaches or spectator that uses profane language, gestures or unacceptable behavior will be kicked out of the building at the referees judgement in addition to any technical fouls received.
9. One, three (3) minute overtime period will be played once if time permits.
10. Other than the above rules, high school rules will be used.

Jr High Basketball Team Roster

Team Name/School:	
Grade/Division:	
Coach Name:	Phone # texting:
Address:	
E-mail: (print clearly)	

	Paid	Name	Address	Phone #	Shirt Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Jr High Basketball Shirt Order Form

Team Name/School: _____

Grade/Division: _____

Coach Name: _____

Phone # Texting: _____

E-mail: (print clearly) _____

Size	Quantity
Youth Small	
Youth Med	
Youth Large	
Youth X Large	
Adult Small	
Adult Med	
Adult Large	
Adult X Large	

The city of Idaho Falls Parks & Recreation Dept. is asking each coach and parent to adhere to the following:

Coaches' Code of Ethics

- I will place the emotional and physical well-being of my players ahead of any personal desires to win.
- I will remember to treat each player as an individual, remembering the large spread of emotional and physical development for the same age group.
- I will do my very best to provide a safe play situation for my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead, by example, in demonstrating fair play and sportsmanship to all my players and the officials.
- I will remember that I am a youth coach, and that the game is for children and not adults.

I understand that breaching any part of the Code of Conduct can result in being removed from the playing area by the umpire/referee or any other employee/designated authority, forfeiting my opportunity to coach or watch the remainder of the game.

Coaches Name(Printed): _____

Coaches Signature: _____ **Date** _____

Youth Sports Coach Background Check Authorization Form

DISCLAIMER AND RELEASE AGREEMENT

This release and authorization acknowledges that we may now, or any time while you are employed, renting or volunteering for the City of Idaho Falls, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county or local criminal justice agency and or other information as deemed necessary to fulfill the job/volunteer requirements. The results of this verification process will be used to determine whether you will be allowed to volunteer with youth participants in any Parks and Recreation program. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, any false statements or omission will be considered as cause for dismissal/removal.

.....

First Name: _____ Full Middle Name: _____ Last Name: _____

Alias/Married/Maiden Names: _____ Drivers License #: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

.....

Please list all addresses lived in during the past 7 years. (Use backside for additional space)

Current Address City State Zip From/To

Former Address City State Zip From/To

Former Address City State Zip From/To

.....

Do you have any Misdemeanor Charges: YES NO

If Yes, please explain: _____

_____ Do

you have any Felony Charges: YES NO

If Yes, please explain: _____

Printed Name of Coach: _____

Signature of Coach: _____

Today's Date: ____/____/____

Phone Number: (____) _____

THIS FORM MUST BE RETURNED 2 WEEKS PRIOR TO 1st GAME IN ORDER TO ALLOW SUFFICIENT TIME FOR BACKGROUND CHECKS TO BE PROCESSED!
Background checks must clear before anyone is allowed to coach



City of Idaho Falls Parks & Recreation Release Form

Student Name: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Student' allergies or significant medical conditions: _____

As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.

Parent/Guardian Signature _____ Date _____

Authorization for Medical Treatment/Indemnification

I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.

I further agree to indemnify and hold harmless any officer, agent or employee of the City from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity.

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