

City of Iona/District 93

2024 Winter Basketball League

Thank you so much for coaching!!! We are excited to start the season and hope you and your teams have fun! Please turn in your packet, complete with roster, all player fees, signed waivers, background check form and signed Code of Conduct and Facilities Agreement at registration. Please make sure that each parent has read the Code of Conduct before they sign the liability waiver.

- Registration begins **Nov. 6th at 10:00 AM** and closes **Nov. 8th at 5:00 PM**
- 6 game season
- \$50 per player (includes reversible jersey)
- \$25 fee for the child of the Head Coach
- **For teams who played in the Fall League, please mark on the Team Roster page that your team participated in the Fall League and mark on the player section field that you have your own jerseys. You will receive a \$5 discount per player and no additional waivers or signature pages are required.**
- Beginner or Competitive? Some ideas to know if your team is beginner or competitive: Do you have full matching jerseys for each player? Do you play in multiple leagues? Do you practice more than once per week? Has your team been together for more than three years?
- Games will be played **Jan 6th - Feb 17th.**
- Gyms are various District 93 elementary and secondary schools.
- Grades 4th - 6th will use full size gyms.
- Kindergarten & 1st Grade will be coed
- 2nd Grade will be boys, girls or coed.
- 3rd Grade - 6th Grade will be boys and girls divisions.
- Rules are on the website. <https://www.cityofiona.org/sports-recreation/>

Registration Guidelines:

- Space is limited so please register early. Preference will be given to D93 teams.
- If you are not able to fill your roster, please check our Facebook page for players still looking for a team.
- Players must play at grade level or play up, but will not be permitted to play down a level.
- Practices are held at each coach's discretion. The elementary schools, if available, charge to practice at their gyms and may be scheduled with the school secretary (the sooner, the better).
- Game schedules will be available online and emailed to you when completed in early December. Schedule is subject to double-headers or a bye week.
- DO NOT staple your packet together. Please use a paperclip or a manila envelope to secure your paperwork.
- Please provide only 1 check per team. Team members should pay the coach and the coach can write a check for the entire team to the City of Iona.
- Background checks are required for head coaches unless you completed one for the 2023 basketball season.
- If you are coaching 2 teams, be sure to fill in the required information on the Team Roster. We will accommodate schedule conflicts for coaches with no more than two teams. We WILL NOT accommodate other special scheduling requests (personal activities, sports tournaments, etc...) Please let the league director know if your team is unable to attend a game so we can make arrangements for another team to play in your time slot. Missed games will not be made up and considered a forfeit.
- Make a copy of your roster to keep for yourself, as well as a copy of the rules.

- Please turn in your team registration packet, complete with team roster, one check, signed waivers, background checks (required for head coaches unless you completed one for the 2023 City of Iona softball/baseball season) and signed code of conduct to the city office building before the closing date. We are not accepting individual registrations. No early, late or incomplete packets will be accepted. Please don't tell your team members to come sign up individually.
- Disclaimer: If the season is canceled prior to start date a refund will be issued minus a \$5 administration fee and \$10.00 jersey per player.

For additional questions please contact Shane at 208-716-8907 or sports@cityofiona.org

Team Roster

Team Name: _____

Coach: _____

Address: _____

Phone #: _____ Cell Phone# _____

Email: _____

Coaching another team? Please include name/age group: _____

Fall League Registration? Y / N (If your full team played during the Fall League, only Team Roster and payment of \$45/player is required. Duplicate waivers are not required.)

Please circle one: Beginner Competitive

Circle One: K 1st 2nd Girls 2nd Boys 2nd Coed 3rd Girls. 3rdBoys

4th Girls 4th Boys 5th Girls 5th Boys 6th Girls 6th Boys

Player Name	Current Grade	Shirt Size – Circle one (Youth and Adult Sizes)
1		YXS YS YM YL YXL AXS XS AM AL AXL
2		YXS YS YM YL YXL AXS XS AM AL AXL
3		YXS YS YM YL YXL AXS XS AM AL AXL
4		YXS YS YM YL YXL AXS XS AM AL AXL
5		YXS YS YM YL YXL AXS XS AM AL AXL
6		YXS YS YM YL YXL AXS XS AM AL AXL
7		YXS YS YM YL YXL AXS XS AM AL AXL
8		YXS YS YM YL YXL AXS XS AM AL AXL
9		YXS YS YM YL YXL AXS XS AM AL AXL
10		YXS YS YM YL YXL AXS XS AM AL AXL
11		YXS YS YM YL YXL AXS XS AM AL AXL
12		YXS YS YM YL YXL AXS XS AM AL AXL
13		YXS YS YM YL YXL AXS XS AM AL AXL
TOTAL (Coach, please total for each size): YXS ___ YS ___ YM ___ YL ___ YXL ___ We will be wearing our own jersey _____ AXS ___ AS ___ AM ___ AL ___ AXL ___		

Release of liability: I am the parent or legal guardian of the participant _____, a minor child. I understand that participation in youth athletics programs inherently involves risk of bodily harm and that injuries may occur despite the best efforts of the sponsors. I represent that participants physically fit and has no physical condition that would materially limit his or her involvement in the program or create an unusual risk of bodily harm through participation in the program. In consideration for the City's agreement to allow participant's involvement in the program, I release and forever discharge the City of Iona and District 93, along with their representatives from all actions, causes of action and claims for damages, injury or loss to person or property, including attorney's fees and costs, that may be sustained during or as a result of participants' participation or involvement in the program. I further consent to and agree to allow participant to receive emergency first aid treatment for injuries suffered during program activities and I agree to hold the City and its officers, agents, and employees harmless from any and all claims arising out of the delivery of such emergency first aid treatment. This release is signed in behalf of my spouse and in behalf of such minor participant. **Rules, Policies and Regulations:** I acknowledge and represent that I have read and understand the City's rules, policies and regulations concerning the program and that on behalf of myself and participant. I understand that the goals and objectives of the City of Iona's Sports Program are based on fun, fair-play, skill development and team work. The use of obscenities, abusive language or improper conduct can result in being asked to leave the premises. I agree to abide by such rules. I also understand that participant's right to participate in the program may be withdrawn in the event of any material violation thereof.
Signature: _____ Date: _____

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CRIMINAL BACKGROUND CHECK WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that by agreeing to allow the City of Iona to investigate your criminal background, you will be waiving and releasing all claims for damages you might sustain out of the criminal background check and review.

I understand that a successful criminal background check is a condition of my employment/volunteerism with the City of Iona. Furthermore, I understand that providing false information will result in a negative background check and you will not be allowed to be an employee or volunteer for the City of Iona.

I agree to waive and relinquish all claims I may have against the City of Iona and their officers, agents, servants and employees, as a result of participating in the criminal background check.

I do hereby fully release and discharge the City of Iona, their respective officers, agents, servants and employees from any and all claims from damages which I may have or may occur to me on account of the results of any aspect of the criminal background check.

I understand I will not be able to work or volunteer in any manner until this background check is complete and approval is confirmed through the Bonneville County Sheriff's Office.

I understand background checks for employment/volunteerism with the Iona Sports Program will be valid for the current calendar year, the positive check was completed, and the following calendar year.

I have read and fully understand this Waiver and Release of All Claims.

Please read carefully and print clearly.

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

_____ Date of Birth (00/00/0000) _____ Gender _____ Social Security Number _____

Current Email Address: _____

_____ Address _____ City _____ Zip code _____

Signature: _____ Date: _____

City of Iona

Participant/Coach/Spectator Code of Conduct

Participants (Coaches, Parents, Spectators and Players) WILL:

Be respectful to teammates, coaches, opposing coaches, members of the other team, officials, fans, spectators and City of Iona/District 93 property.

Never place the value of winning above the value of instilling the highest ideals of character.

Respect the decisions of the referee's/umpires, even when their calls do not go in your favor.

Remember that this is a recreational league to teach skills and enjoyment of the game, and to have fun.

Help ensure that the game environment, including City of Iona and District 93 property, is free of illegal drugs, tobacco and alcohol.

Participants (Coaches, Parents, Spectators and Players) WILL NOT:

Exhibit unsportsmanlike conduct toward players, referees/umpires, spectators and opposing team members.

Use abusive, obscene, profane or damaging language.

Begin or engage in verbal or physical threats or abuse aimed at any coach parent, player, participant, referee/umpire, City of Iona staff or any other attendee.

Cheer or chant against the opposing team.

Rights of the City of Iona

The City of Iona reserves the right to eject any offender from the game premises, or to suspend the offender from future City of Iona/District 93 games, who violates any standard of the City of Iona Code of Conduct. This is solely to the discretion of the City of Iona staff. The City of Iona reserves the right to conduct a background check on any coaches as the City of Iona sees necessary.

Acknowledgement

By submitting my team's registration for the City of Iona/District 93 basketball league, I agree:

My team (parents included) and I have read and will abide by the City of Iona Code of Conduct.

My team (parents included) and I will report unaddressed violations of the City of Iona Code of Conduct to City of Iona staff.

Signature: _____ Date: _____