**All Heart Athletics**

**Registration Forms**

All Heart Athletics, LLC

Email: [allheartbball@gmail.com](mailto:allheartbball@gmail.com)

Twitter: @allheartbballga

**Letter From Coach Baxter**

Dear Future All Heart Athlete(s) and Parent(s):  
  
My name is Jimmy Baxter and I played D-1 College Basketball at the University of South Florida and I have been a professional basketball player for 11 years.  
  
This letter is to inform you of the experience that I’m offering to your son/daughter to improve his basketball knowledge, skills, and performance. Ultimately, I want them to have the opportunity, like I had, to benefit from a great college experience playing basketball while obtaining a college degree.  
  
But, being a student athlete is hard work and it takes a commitment to study and train to be successful.

I am really looking forward to meeting and working with you over the coming months to make your child’s participation in this process a positive and successful experience.  
  
I want these young men and women to learn a high level of basketball and to become as skillful as they can, so that they can have a successful AAU experience.  
  
We’ll train two times each week, if it doesn’t interfere with their school work. We’ll practice at All Heart Athletic and Learning Center.  
I look forward to working with your son/daughter in preparation for this upcoming AAU season and beyond.  
  
Yours sincerely,  
  
Jimmy Baxter

Player Registration for AHA Travel Program

Please complete information below to register for All Heart Athletics Travel Basketball. It is a lengthy form and any incomplete forms will not be accepted.

Personal Information

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age on 8/31/20: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Player School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex (Please Circle): M / F

Basketball Experience

Any Prior Basketball Experience (Please Circle)?: Y / N

If yes, please list experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any physical limitations or cautions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred to All Heart Athletics by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uniform Size Uniform Top (Please Circle): YS / YM / YL / YXL / AS / AM / AL / AXL / AXXL

Uniform Size Uniform Shorts (Please Circle): YS / YM / YL / YXL / AS / AM / AL / AXL / AXXL

Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Someone NOT living in player household)

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Heart Player Contract

This is a copy of the All Heart Athletics participation contract that must be signed by each athlete in order to participate each year. As coaches, we are dedicated to providing you with the best training, advice, guidance and leadership to help you become a role model in the sport of basketball and in your communities.

I hereby agree to the following rules to be a member of the All Heart Athletics travel basketball program.

1. I will attend all practices, on time each week. The coaches must be notified in advance of any absences and unexcused absences may result in forfeiture of participation in that weekend's tournament. I will follow through with all practice routines and workouts as instructed with a positive attitude. (On time means, ready to go at the appointed time, not walking in at that time.)

2. I will not leave the gym or enter the school of the practice site unsupervised.

I will arrive at the gym on time and report to the Coaches. I will bring a plenty of water or sports drink to each training.

I will be responsible for warming-up 15-20 minutes prior to my training or practice , and appropriately checking in to my event on time.

I will be responsible for helping the team clean up at the end of each practice.

I understand that failure to comply with any of the above rules could result in temporary or permanent suspension from the All Heart Athletics .

​By entering your name and selecting "Yes" to the "I Accept AHA Athlete Contract" button, you are signing this electronic agreement. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

\*I have read, understand and agree to the All Heart Player Contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Signature Date

All Heart Parent Contract

The goal of All Heart Athletics is to nurture, develop and encourage each athlete to reach his or her fullest potential mentally, physically, academically and spiritually. Our desire is to set a new standard for basketball training in the nation. All Heart’s vision is to be the best Teachers in the country and the standard starts with us.

To accomplish our goal and keep in line with our vision, we must have the cooperation of all participants and their parents. Disruption, disharmony and discord within All Heart will not be tolerated and all rules and policies will be strictly enforced. Please refrain from chastising your child during practice if they are not doing what YOU feel they should be doing. **LET THE COACHES HANDLE PRACTICE.**

In accordance to All Heart Athletics rules and guidelines the following policies will be rigidly enforced:

\*No parent or person will be allowed to interfere during practice hours.

\*No parent or person will be allowed to address coaches in a disruptive or unruly manner at any time and especially while their child is performing any disciplinary procedure, such as running laps, doing push-ups, etc.

\*Any complaints or disagreements with the coaches or club will be communicated through the Head Coach. Speaking ill of the trainers and /or creating dissention among athletic members will not be tolerated.

The rules have been established to facilitate operation of the Club as well as teach our athletes about sportsmanship and work ethics on and off the field. We ask that every participant, parent and child respect and follow the rules.

This document will serve as a warning and failure to abide by the club rules and policies or conduct detrimental to the parents and children of All Heart can result in dismissal from the organization.

NOTE: In the event an athlete is dismissed from the club all monies paid will be forfeited

\*I have read, understand and agree to the All Heart Parent Contract

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature Date

All Heart Athletics Code of Conduct

I hereby pledge to provide support, care and encouragement for my child participating in the All Heart Athletics by following the Code of Ethics:

I will present the club with a copy, for their records, of my child’s proof of age (birth certificate).

I will place the emotional and physical well-being of my child ahead of any personal desire to win.

I will encourage good sportsmanship by demonstrating positive support for all athletes, coaches, officials and other parents and opponents at every practice, meet or any other All Heart event.

I will insure that my child treat all athletes, coaches, fans, officials and opponents with respect regardless of age, race, sex, creed or ability.

I will abide by a drug, alcohol and tobacco-free sports environment for my child and agree to assist by refraining from their use at all sports events.

I will arrive to the trainings ON TIME and report to the Coaches. I will bring plenty of fluids to each training

I will pay all fees and dues on or before the due date.

I will notify the coach in advance when my child and I plan to not attend a practice or game due to an excused absence.

I will provide support for the coaches and officials working with my child to provide a positive, enjoyable experience.  Coaching will be left as a job for the coaches. Parents WILL NOT tell the coaches what their child will or will not do.

I will stay off the court during practice unless I am exercising and will not interfere with the coaching.

I will conduct myself in an orderly fashion at all times.

I understand that failure to comply with any of the above rules could result in temporary or permanent suspension of me and/or my child from the All Heart Athletics.

I have read, understood and agree to All Heart Athletics Code of Conduct:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

General Authorizations and Releases

**Photograph Permission:** I give permission for the All Heart Athletics to use any pictures of my child for future promotional purposes.

**Medical Treatment:** I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified coach of the All Heart Athletics . In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the All Heart Athletics coaches or when deemed immediately necessary or advisable by the physician to safeguard my child’s health.

**Release from Liability:** Recognizing that the All Heart Athletics will do its best to ensure a safe experience, I understand that accidents may occur both from my child’s participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the All Heart Athletics and its coaches from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.

I have read and understand the above and have completed this form to the best of my ability. I also support the All Heart Athletics sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature Date

All Heart Athletics Waiver, Release and Statement of Physical Condition

In consideration of the participation of my child, in All Heart Athletics, I, in my own right as next of kin of such minor child, for myself and for such minor child, our heirs, successors, administrators and assigns, hereby contractually waiver, relinquish and release any and all rights, claims, actions and/or causes of action we may have against the All Heart Athletics , coaches, and/or any volunteer assistant coach or other club personnel for personal injury or property damage arising from, or in any way connected with, the All Heart Athletics during the participation year.

I further certify that the minor child named above is granted my permission to participate in the All Heart Athletics . I am aware of the intensity of the training and competition involved and the associated risks, and I certify that such child is physically fit to participate in such program. I further certify that I know of no physical condition or impairment that would in any way prevent such child from participating in the program.

I further understand that, with my child’s membership, I assume the responsibility of helping with the competitions that the club shall put on in whatever capacity that I am qualified for.

​ \*I have read, understood and agree to All Heart Athletics Waiver, Release and Statement of Physical Condition

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Signature Date

All Heart Medical Information Form

Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medicines which the athlete is now or could be taking which might affect his/her performance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any chronic conditions, the staff needs to be aware of?

\_\_\_\_\_\_ Diabetes \_\_\_\_\_\_ Heart Issues

\_\_\_\_\_\_ Epilepsy \_\_\_\_\_\_ Other

If Other, please explain

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any recent injuries. Please provide any explanations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any additional necessary medical information not already disclosed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_