



GABL COACHES INFORMATION

General Information

Volunteer coaches are the foundation of GABL. Without them, the league cannot exist. It is necessary, however, for the league to do all that it can to ensure that coaches are properly trained and can appropriately handle young players.

In order to be considered to be a coach in the GABL winter program, head or assistant, an individual must complete the enclosed application form and be approved by the Basketball League Management Committee. **Head coaches must be approved on an annual basis.**

Responsibilities of GABL Coaches

- ⇒ Complete a coach application on an annual basis.
- ⇒ Teach sportsmanship to participants, fans and parents.
- ⇒ Review and discuss all league rules with players and parents.
- ⇒ Properly supervise all practice sessions and use of gymnasiums.
- ⇒ Provide a scorekeeper or timekeeper for each game and ensure that each is properly trained.
- ⇒ Approve the accuracy of the official scoresheets of all games.
- ⇒ Responsible for the conduct of the players, coaching staff and fans during the game.
- ⇒ Select assistant coaches who exercise good sportsmanship, uphold all league rules, comply with the GABL Coaches' Code of Conduct, and complete a coach application form.
- ⇒ Attend all required meetings and clinics.
- ⇒ Ensure that all players on the team have submitted registration forms and paid appropriate fees.

Team Formation

There are no geographical restrictions for participants or teams in the girls program. In order to use school district facilities for practice, teams must have 75 percent of their participants from the district in which they want to practice. Players shall play on only one GABL team.

GENERAL REGISTRATION INFORMATION

General registration material for the winter program will be sent after school starts. Team and individual sign-ups will take place through September 30 on-line, by mail, fax or walk-in to the league office during regular business hours (Monday through Friday, 9am-5pm). Coaches may register their entire team.



COACH APPLICATION FORM

- Boys Girls
- Head Coach
- Assistant Coach

PLEASE COMPLETE THE APPLICATION FORM AND SIGN AS REQUESTED. INCOMPLETE APPLICATIONS ARE UNACCEPTABLE AND WILL DELAY THE REGISTRATION PROCESS FOR TEAMS.

If assistant, please indicate head coach name

Full Legal Name of Applicant _____

Home Address _____

City/State/Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

E-Mail _____ Mobile Number (_____) _____

Employer _____

Social Security Number _____ Birthdate _____

Grade Interested in Coaching: _____ Level (circle one): Select A A B (these levels not applicable in K-4)

Your Child's School (if applicable) _____

High school attendance area _____

Do you have prior experience coaching basketball? Yes No
 If yes, in what league and at what level did you coach? _____

Have you coached previously in any other youth sports league? Yes No
 If yes, list league(s) and sport(s) and briefly describe your experience (use separate sheet if necessary) _____

- In any previous coaching experience, have you ever been subject to discipline from the league? Yes No
- Have you ever been convicted of any crime (except traffic violations)? Yes No
- Are there any criminal prosecutions currently pending against you? Yes No
- Have you ever been convicted of a crime involving the abuse or neglect of a child? Yes No

I authorize and give consent for GABL to obtain information regarding myself. This includes (a) criminal background records/information; (b) sex offender registry checks; and (c) addresses.

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Printed Name _____ Date _____

Signature _____

If approved, the undersigned agrees to follow and uphold the rules and policies of the Great American Basketball League, attend coaches clinics as required, adhere to the league's Sportsmanship philosophy, apply the GABL rule involving playing time, and adhere to the GABL Coaches Code of Conduct.

Signature _____ Date _____

Great American Basketball League

GENDER _____ GRADE _____ LEVEL REQUESTED _____ HIGH SCHOOL AREA _____

GABL TEAM ROSTER FORM

This roster needs to be filled out by the coach and submitted at registration. Individual registration forms need to be submitted for each player listed below either by hard copy or on-line registration. **Participants without a registration form on file and/or fees paid may not participate in practices or games.**

COACH NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME TELEPHONE _____ WORK TELEPHONE _____

MOBILE TELEPHONE _____ EMAIL ADDRESS _____

	Player Name	School Player Attends	Payment (cash/check #/ credit card/on-line)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Great American Basketball League

6740 Antioch, Suite 250 • Merriam, Kansas 66204-1261
Phone: 913/236-8833 • Fax: 913/236-9188 • Website: www.gabl.net



Parental Waiver, Consent & Registration Form

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the Great American Basketball League and with the coach listed below or assigned by the league.

I understand that there are certain risks inherent in playing the sport of basketball, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is capable of participating in the sport of basketball and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

Please list any physical limitations (allergies, hearing, sight, etc.) _____

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the GABL Youth Sports Foundation, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause.

In the event of any accident or injury to my child and subsequent determination that emergency medical treatment is necessary, I hereby authorize the GABL, staff and/or coaching staff to admit said child to the nearest medical treatment center, and place him/her under the care and treatment of the attending physician.

I also authorize GABL to take game-related photographs and to use, at its discretion, any photographs taken and waive any and all claims resulting from any such photographs or reproductions.

I understand that my child may only play on one GABL team in any given season.

Further, I agree to adhere to the league's sportsmanship principles which are: **Coaches coach; players play; officials officiate; fans support. Each person can only participate in ONE of these categories.**

Name of Participant _____

Home Telephone _____

Home Address _____

City/State/Zip _____

BOY GIRL
Gender (circle one) _____

2010-11 Grade _____

School Player Attends in 2010-11 _____

High School Attendance Area _____

Coach _____

If signing my child up as an individual, I am willing to coach if needed (CIRCLE ONE): YES NO

Parent Printed Name _____

Date _____

Parent Signature _____

Parent Daytime Phone Number _____

Parent Email Address _____

PROGRAM REGISTRATION

- Boys 1st-2nd Grade Advanced (Shawnee Mission District-based team), \$145
- Boys 1st-2nd Grade Advanced (Non-Shawnee Mission District-based team), \$130
- Boys 3rd Grade -8th Grade (Shawnee Mission District-based team), \$160
- Boys 3rd Grade-8th Grade (Non-Shawnee Mission District-based team), \$145
- Girls 1st-2nd Grade Advanced (Shawnee Mission District-based team), \$125
- Girls 1st-2nd Grade Advanced (Non-Shawnee Mission District-based team), \$110
- Girls 3rd Grade-8th Grade (Shawnee Mission District-based team), \$140
- Girls 3rd Grade-8th Grade (Non-Shawnee Mission District-based team), \$125
- Boys and Girls K-2 "3-on-3" Program, \$100
- Boys Olathe 7th-8th Grade, \$130 Boys High School, \$145 Girls High School, \$145

PAYMENT INFORMATION

CASH _____ CHECK # _____ \$ _____

VISA/MC/AMEX/DISCOVER _____ EXP. DATE _____