



PABA Youth Basketball 2021/2022 Season

PABA was formed to foster, encourage and promote the playing of the sport of basketball for the children of the Plymouth School District. This will be done through various means in order to develop and promote physical fitness, competitive spirit, team play, and good sportsmanship. PABA is open to any child attending any of the Plymouth schools or living in the Plymouth School District. There are no cuts and uniforms are provided.

Registration information is below are for those boys and girls **going into grades 4 – 8 during the 2021/2022 school year** that are interested in playing on a PABA sponsored basketball team for the upcoming season. It is the intent of PABA to offer an increased opportunity for players to gain experience playing basketball. Players participating in this program will be able to take part in a number of competitive basketball games.

If your child is interested in participating on a PABA team, please register by mailing the completed registration, concussion and liability forms, along with payment postmarked by August 31st, 2021.

**Mail to: PABA
c/o: Kari Schmitt
1137 E Clifford St
Plymouth, WI 53073**

Cost per player: \$70 4th grade: NWBBL/LBL League Play (Equal Playing Time)
\$70 5th-6th grade: NWBBL/LBL League Play (Less Equal Playing Time)
\$70 7th-8th grade: NWBBL/LBL League Play (Not Equal Playing Time)
\$15 Additional Fee: If registering after August 31, 2021
\$100 In lieu of volunteering for the league games or PABA-sponsored tournaments

****The \$100 volunteer fee is in addition to the player fees above****

Depending on the number of players, level of commitment, and availability of coaches, teams will be formed. Team practice times and the number of league games you participate in will be determined by your coach.

If you have any questions or would like additional information, please feel free to email us at PABAinfo@gmail.com, visit us at <http://pabainfo.weebly.com>, or contact:

Registrar: **Kari Schmitt**

Phone: **(920) 698-1718**

Email: **pabaregistrar@gmail.com**

League Descriptions:

NWBBL: Northeast WI Boys Basketball League. The PABA Boys 4th-8th grade teams will play in the NWBBL. Each Saturday of the season, two games will be played. Game locations can be within and outside of Sheboygan County. Usually Green Bay-area is the North limit and Sheboygan County is the South limit, with many locations in between. Games are refereed by WIAA officials.

LBL: Lakeshore Basketball League. The PABA Girls 4th-8th grade teams will play in the LBL. Each Saturday of the season, two games will be played. Game locations can be within Sheboygan County or slightly outside Sheboygan County. Games are refereed by WIAA officials.

Registration Deadline: August 31st 2021
PLYMOUTH AREA BASKETBALL ASSOCIATION (PABA)
REGISTRATION FORM for 2021/2022 season

PLYMOUTH AREA BASKETBALL ASSOCIATION (PABA), Boys & Girls GRADES 4-8

Player's Name _____ Primary Phone _____ 2021/2022 Grade _____
Address _____ City _____ Zip _____
School _____ Birth date: _____ Age _____

Basketball Experience (years) _____ **Male** **Female**

Uniform Size (circle one) **Youth: M L XL Adult: S M L XL**

Shooting Shirt Size (circle one) **Adult: S M L XL**

(this is for 6th & 7th grade players only – unless this is your first year in PABA as an 8th grader). Be sure to choose a size that will last through 8th grade.

Payment _____ \$70 4th – 8th grade: NWBBL/LBL League and Tournament Play
_____ \$15 Additional Fee if registering after August 31, 2021
_____ \$100 In lieu of volunteering for the league games or PABA – sponsored events ****In addition to player fees****
_____ **Total Payment – Paid with cash** **or check** **(payable to: PABA) #** _____ **Date paid:** _____

Physician/Phone#: _____ Dentist/Phone #: _____

Primary Insurance Provider _____ Policy/Group #: _____

Father's Name(or Guardian) _____ Phone _____

Email address (REQUIRED) _____

Mother's Name(or Guardian) _____ Phone _____

Email address (REQUIRED) _____

Emergency Contact _____ Phone _____

List any health restrictions, medical problems, and/or activities that might conflict with basketball games/practices:

Known allergies of this player, including any allergies to medicine: _____

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Signature of Parent/Guardian _____ Date _____

Volunteer Policy: I have received and read the PABA 2021/22 Volunteer Policy and agree to it.

Signature of Parent/Guardian _____ Date _____

Code of Conduct Policy: I have received and read the PABA 2021/22 Code-of-Conduct Policy and agree to it.

Parent/Guardian Signature _____ Player Signature _____ Date _____

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YES! I'm interested in acting as **Head Coach** **Assistant Coach** **Volunteering**

(Your name, if selecting head/assistant coach) _____

As of 2015/16 season, all Head and Assistant coaches are subject to a background check and must complete USA Basketball online training

PLYMOUTH AREA BASKETBALL ASSOCIATION

Volunteer Policy

The Plymouth Area Basketball Association (PABA) is a non-profit organization committed to providing a quality basketball program to the kids of our community.

PABA is operated entirely by volunteers, which means that your participation is crucial for the continued success of the program. We sincerely thank all of those who have generously donated their time in support of our local youth basketball players.

Due to the continued growth of PABA, we are always in need of volunteers to fill all of the necessary spots. It is not necessary to have basketball knowledge for a lot of the volunteer positions. PABA understands that while some families wish to volunteer, circumstances may prevent them from volunteering their time. While considering the need for volunteers and the problems getting enough in the past, PABA has instituted the following volunteer policy.

Volunteer Policy Options:

- 1) Volunteering: The preferred option is to have each family with a player on 4th-8th grade teams fulfill a volunteer activity.
- 2) Club Donation: Alternate option is to opt out of volunteering with a PABA donation.

This policy is not intended as a fundraiser, but rather as an incentive for all families to participate and offer their time and talents for the benefits of all PABA members. The policy does offer an option for those that are not able to or interested in volunteering. The Volunteer Policy will then provide PABA the ability to pay to have these services if there are not enough volunteers available.

Volunteering Options: PLEASE NOTE if the volunteer obligation is not met, for any reason, a \$75.00 fee (per family) will be required before the player(s) will be eligible to play on a team the following season.

1. **Coach/Assistant Coach** - Coaches need to be placed prior to scheduling so if a coaching position is selected, you must fulfill the background check prior to being placed in a coaching role. Coaches selected will be contacted by the board prior to the season.
2. **Volunteer** - This can be fulfilled during our host game dates by working a two-hour shift, utilizing sign up genius, or by assisting at any fundraising event: Free-throw-a-thon, if agreeable with coach.
3. **Board Member** – If you decide to join the PABA board and are elected into a board position, you are not obligated to provide additional volunteer shift outside of attending meetings/ host events and be present for set up/take down of host dates as long as shifts are fulfilled by parents.

Club Donation:

If the option of donation to the PABA organization is chosen, a \$75.00 fee will be added at the time of registration. This donation will be considered a fulfillment of the family's obligation to volunteer for the upcoming season.

The PABA Board retains the right that if in the event of any extreme, extenuating circumstances that prevented the volunteer obligation to be met, that the PABA Board may issue credit without the activity being fulfilled. The volunteer must submit a written request to the Plymouth Area Basketball Association Board of Directors asking for a one time exemption with an explanation of the situation. This request must be received prior to the end of the basketball season.

Code of Conduct

The Plymouth Area Basketball Association (PABA) was established to promote the game of basketball and provide an atmosphere in which the game can be learned and enjoyed by everyone. All players, coaches, and parents of this association are required to abide by this code.

Players are expected to conduct themselves in a sporting like manner at all times while participating in Plymouth Area Basketball Association games. Opposing players and coaches, as well as referees, should be treated with respect. All participants must support this goal if we are to maintain that this game will be played in a sporting like manner.

Coaches and assistant coaches are responsible for the behavior of their players, parents, and themselves at all times during the game. *Continual chiding of the referees, failure to maintain order on the court, failure to control his or her players, or willful violation of any league rules is unacceptable.* **Coaches who continually disrupt the game will be expected to leave the area for the remainder of the game.**

Parents can be either a very positive or negative influence on the game. They are encouraged to attend as many games as possible to support their children. Behavior demonstrated by parents that is disruptive and/or disrespectful to referees, other parents, players, or coaches will not be tolerated. **Disruptive parents will be removed from the area for the remainder of the game.**

Parent's Code:

1. Do not force an unwilling child to participate in sports. Remember, children are involved in organized sports for their own enjoyment, not yours.
2. Encourage your child to always play by the rules.
3. Teach your child that honest effort is as important as victory.
4. Turn defeat to victory by helping your child work towards skill improvement and good sportsmanship.
5. Never ridicule or yell at your child for making a mistake or losing.
6. Do not publicly question the official's judgment or honesty.
7. Support all efforts to remove verbal & physical abuse from children's sporting activities.

Important Don'ts for Parents:

1. Don't put yourself in your child's place. If they make a mistake, it's their mistake. If they make the game winning basket, it's their glory. **Glory or grief, it's their game.**
2. Don't talk about the "big game" all day. It probably isn't as important to your child as it is to you. Keep it in perspective.
3. Don't criticize your child or anyone else on your team or other teams.
4. Don't yell instructions to your child. That is the coach's job. Only shout encouragement.
5. Don't start analyzing your child's performance right after the game.
6. Never criticize the coach or referee. Before you complain, decide whether you're ready to give your valuable free time to step into their shoes.

Concussion Information:

- When in Doubt, Sit Them Out!

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1. Before a student may participate in practice or competition: At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.
2. An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.
3. A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

SIGNS of concussion: (what others see in an injured athlete)	Common SYMPTOMS of concussion: (what an injured athlete feels)
Dazed or stunned appearance Change in the level of consciousness or awareness Confused about assignment Forgets plays Unsure of score, game, opponent Clumsy Answers more slowly than usual Shows behavior changes Loss of consciousness Asks repetitive questions or memory concerns	Headache Nausea Dizzy or unsteady Sensitive to light or noise Feeling mentally foggy Problems with concentration and memory Confused Slow

Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. "When in doubt sit them out."

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.

RETURN TO PLAY

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider.

The program described next is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

STEP ONE: About 15 minutes of light exercise: stationary biking or jogging
STEP TWO: More strenuous running and sprinting in the gym or field without equipment
STEP THREE: Begin non-contact drills in full uniform. May also resume weight lifting
STEP FOUR: Full practice with contact
STEP FIVE: Full game clearance

118.293 Concussion and head injury.

- (1) In this section:
 - (a) "Credential" means a license or certificate of certification issued by this state.
 - (b) "Health care provider" means a person to whom all of the following apply:
 1. He or she holds a credential that authorizes the person to provide health care.
 2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.
 3. He or she is practicing within the scope of his or her credential.
 - (c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.
- (2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.
- (3) At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.
- (4) (a) An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.
(b) A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.
- (5) (a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.
(b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4) (b) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.
- (6) This section does not create any liability for, or a cause of action against, any person.

Possible Information Sheets:

Coaches: <http://www.wiaawi.org/health/CoachGuide.pdf>
<http://www.wiaawi.org/health/AthleteFactSheet.pdf>

Athletes:

Parents: <http://www.wiaawi.org/health/ParentFactSheet.pdf>
<http://www.wiaawi.org/health/NFHSParentGuide.pdf>

Parents:



Plymouth Area Basketball Association

Liability Release Form

Name of Participant: _____

Address, City: _____

E-mail Address: _____

Phone (home): _____

Phone (work): _____

Additional Emergency Contact: _____

Phone: _____

I, _____, assume all risk involved in attending and participating in the event that I am registering for. PABA, the Plymouth School District, its employees/agents, volunteers, and organizations associated with this activity will not be held responsible for any personal injury of loss that may occur in conjunction with this activity.

Participant's Signature or Parent/Guardian if under 18 years old _____

Date _____



Youth Concussion Form

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the "Participant and Parental Disclosure and Consent Document". In regard to Wisconsin law 118.293

Player Name: _____

Grade: _____

Male / Female (circle one)

Student/Athlete Name

I, _____, of PABA, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.

_____/_____
Printed name of student/athlete Date:

_____/_____
Signature of student/athlete Date:

Parent/Guardian Name

I, _____ of the student athlete named, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion.

_____/_____
Printed name of parent/guardian Date:

_____/_____
Signature of parent/guardian Date: