



PROGRAM CONTRACT

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MISSION STATEMENT

Total Package is a year round basketball skills development program designed to help young players develop the skills necessary to reach their full potential as basketball players. Total Package coaches emphasize developing the complete player, working on the fundamentals of the game. This is important for today's basketball player to succeed. The coach's knowledge, experience and leadership skills give players the opportunity to take their game to the next level.

Total Package Basketball is operated through the Westsound Youth Basketball Association (WSYBA), a non-profit organization formed to provide opportunities for young people to improve their basketball skills. The goal is to provide boys and girls of all age, race, and skill level the opportunity to learn basketball fundamentals and be taught the game of basketball. It is the organization's belief that basketball is an ideal venue to teach attributes such as sportsmanship, discipline, cooperation, competition, self-confidence, and teamwork. The teaching of fundamentals and sportsmanship at an early age cannot be emphasized enough.

In accordance with Internal Revenue Code Section 501(c)(3), WSBYA is recognized as a non-profit organization as described in Section 509(a)(2). Donors may deduct contributions to WSYBA as provided in Section 170 of the Code. WSBYA's taxpayer identification number is 46-0481857.

OUR COMMITMENT TO YOU

Total Package coaches will abide by the following rules:

- 1. We will treat you with respect at all times.**
- 2. We will be honest, truthful, and up-front about your basketball skills and development.**
- 3. We will give you the best coaching and instruction to improve your basketball skills.**
- 4. We believe that your perception of our performance is always the reality. For that reason, and others, your feedback is essential to our continuing a successful program.**



TOTAL PACKAGE PROGRAM

Craig Murray, who serves as the director of the program, developed Total Package basketball. Craig's basketball philosophy has developed from many years as a successful player, coach, and trainer. Craig supervises several coaches who also bring many years of basketball experience to the program. Total Package basketball is operated through an organization called West Sound Youth Basketball Association.

Workout sessions offer individual training within a group setting. Within these groups the coaches motivate and challenge athletes to accomplish their goals. Workout sessions are 1 ½ hours long and consist of drills emphasizing ball handling, footwork, shooting including game-like shooting, one-on-one moves, learning how to create shots for you and your teammates and offensive and defensive techniques. The goal of the workout is to start with the fundamental basics and implement them into game play, situational playing and understanding the game of basketball.

PHILOSOPHY

Total Package is dedicated to providing athletes with the opportunity to work hard with disciplined instruction. We focus on basic fundamental drills and progress into high intensity game-like drills. We strive to prepare our athletes for the next level of competition. Total Package is dedicated to training the committed athlete so that they are achieving their highest level of skill possible. This takes great discipline and consistency from the athlete. The Total Package Program provides a place for athletes to receive complete basketball instruction.



PROGRAM STAFF

Craig Murray-Total Package Program Director, WSYBA President, Trainer, Coach

E-mail: totalpackagehoops@gmail.com

Phone: 360-509-3138 -cell phone

Megan Murray - Total Package Assistant Director, Trainer, Coach

E-mail: westsoundhoops@yahoo.com

Phone: 360-710-4736- cell phone



PROGRAM RULES

As a member of Total Package Basketball, I will abide by the following rules:

- 1. I will treat the coaching staff respectfully at all times.**
- 2. I will treat my teammates and other members with respect at all times.**
- 3. I will be respectful in public and display good character as a member of Total Package.**
- 4. I will actively participate in all workout sessions to the best of my ability.**
- 5. I will show up to workouts and/or practices at the scheduled times.**
- 6. I will wear my prescribed Total Package jersey to all workouts/practices. If I fail to wear my jersey, I know it will result in a consequence.**
- 7. I will listen to the advice, training, and drills suggested to improve my basketball skills.**
- 8. I will keep my financial obligations paid, as agreed upon with the staff of Total Package.**



WORKOUT AND PRACTICE EXPECTATIONS

Total Package basketball players and coaches strive to be disciplined and work hard during workouts, practices and games. Players need to be ready to give their best effort every time on the court. They need to be on time and be ready to play when scheduled.

There are up to 12 workout sessions offered in any one month. It is your obligation to attend all workouts that you pay for in that given month. If an athlete has to miss a workout, please call one of the coaches as soon as you know. We schedule gym time and plan workouts based on the amount of athletes that will be attending each session. We appreciate your phone call to let us know if you will not be making it to a workout.

Once an athlete signs up for a workout schedule for that month, the athlete holds to that workout schedule. We try to work with scheduling the best we can, but due to gym time and the amount of players scheduled, it is only fair that you commit yourself to what you have signed up for.



FINANCIAL OBLIGATIONS

The monthly payments will vary depending on the number of sessions offered for the month. During May through October, there will be up to 12 workouts offered each month. During November through April workouts will vary from 4 -12 per month depending on the player's school basketball schedule.

You will need to decide how many workout sessions the player will attend at the beginning of each month. You will pay in advance for the amount of sessions the player will be attending for that month. Unused sessions expire at the end of each month. There will be no carryover of unused sessions.

Players are also required to wear a prescribed Total Package jersey. There is a one- time jersey cost of \$25, which the athlete can keep.

Please make checks payable to Total Package, no later than the 5th of each month.

Program fees:

(Discuss with site manager.)

_____ \$per single session

_____ \$for 4 sessions (1 x week)

_____ \$for 8 sessions (2 x week)

_____ \$for 10 to 12 sessions (up to 3 x week)

I fully understand my financial obligation and the above policies and procedures. If my son/daughter sign up for a certain number of sessions for that month, he/she is responsible to make all of the sessions, unless there is an emergency or injury. I fully understand that the sessions signed up for expire at the end of the month and will not carry over to the following month.

Parent/Legal Guardian Signature: _____ Date: _____



PARENTAL GUIDELINES

The Total Package basketball program strives to promote a positive environment for the players. We want our players to develop positive character traits including sportsmanship, cooperation and self discipline. We believe that parents are a reflection of the program. We want the program to be respected by the opposing players, coaches and parents, as well as referees and anyone else that comes into contact with our program. With this in mind, we ask the parents to abide by the following guidelines:

- 1. Refrain from talking to your son or daughter once practice, workout session or game has started. We want their full attention and focus for the duration of the activity.**
- 2. Never speak in a negative way about opposing teams, coaches, parents or referees.**
- 3. Discuss with the Total Package staff any questions or concerns at appropriate times.**
- 4. We will not tolerate any negative words or actions by a player or player's parents.**
- 5. We will ask a player to leave the program due to inappropriate actions committed by his/her parents or an inappropriate action committed by the player himself/herself.**
- 6. Total Package reserves the right to refuse service to anyone. However, we will not discriminate on the basis of race, gender, or religion.**



MEDICAL INFORMATION

Player's Name: _____

Emergency Contact: _____

Emergency Phone: _____

Doctor's Name: _____

Doctor's Phone: _____

Insurance Co: _____

Insurance Number: _____

Any know allergies/medical conditions. Y / N

If yes, please explain:

In case of accident or illness, I hereby give permission that my child may be given emergency treatment. In the event I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operation and treatment or all other related care that may be ordered by the physician and or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor, dentist, or agency and consent to the admission of the above named minor person to the hospital.

Sign Parent/Legal Guardian: _____ Date: _____

(Print Parent/Legal Guardian) _____

RELEASE OF LIABILITY

I, the undersigned parent of _____, hereby acknowledge and agree to release and hold Craig Murray, Total Package Basketball, Westsound Youth Basketball Association, all school facilities, all sponsors, employees, and volunteers associated with Total Package Basketball, fully harmless from any injury, claim, legal fees or damage which may occur to my child as a participating member of the Total Package Basketball Program. Further, I acknowledge that basketball is a contact sport and it involves traveling to, participation in and returning from games or sessions. I agree to fully assume all risk, chance, hazard, and responsibility for my child's participation with Total Package Basketball.

I acknowledge that I have read this hold harmless/release of liability form and I fully understand the contents. I give my child permission to participate in the Total Package Basketball Program.

Parent/Legal Guardian: _____ Date: _____



HEADS UP: CONCUSSION IN YOUTH SPORTS

**A Fact Sheet for Total Package Parents. (Requirement to read and sign by parents and athletes).
Return this form to Total Package coach.**

WHAT IS A CONCUSSION? A concussion is a brain injury that is caused by a bump or blow to the head. It can change the way your brain normally works. It can occur during practices or games in any sport. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out. You can't see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

PARENTS AND GUARDIANS What are the signs and symptoms of a concussion observed by Parents/Guardians: If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion: - Appears dazed or stunned - Is confused about assignment or position - Forgets an instruction - Is unsure of game, score, or opponent - Moves clumsily - Answers questions slowly - Loses consciousness (even briefly) - Shows behavior or personality changes - Can't recall events prior to being hit or falling - Can't recall events after being hit or falling How can a Parent/Guardian help their child prevent a concussion? Every sport is different, but there are steps your children can take to protect themselves from concussion. - Ensure that they follow their coach's rules for safety and the rules of the sport. - Encourage them to practice good sportsmanship at all times.	Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly. Learn the signs and symptoms of a concussion. What should a Parent/Guardian do if they think their child has a concussion? 1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports. Notify your child's coach if you think your child has a concussion. 2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime. 3. Tell your child's coach about any recent concussion in ANY sport or activity. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.
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Parent Name: _____ Date: _____



CONTRACT AGREEMENT

Please initial and sign below after you have read and understand the following pages in the Player Manual.

_____ Total Package Program rules (page 5)
_____ Workout and Practice Expectations (page 6)
_____ Financial Obligations (Page 7)
_____ Parental Guidelines (Page 8)
_____ Medical Information (Page 9)
_____ Release of Liability (Page 10)
_____ Concussion Agreement (Page 11-12)

Player Name: _____
Print

Parent/Guardian: _____
Print

Putting your name in the spaces below **will confirm** that you have read the Concussions **information**, understand its content and agree to abide by its guidelines.

Address:
Street _____

City _____ State _____ Zip Code _____

Phone _____

Email _____ Other (cell, work) _____

Parent/Legal Guardian Signature Date: _____

Athlete's Signature Date: _____

PLEASE PRINT & RETURN PAGES 9, 10 and 11 IF UNABLE TO FILL OUT ONLINE FORM