



8200 Stonebrook Pkwy, Suite 200
Frisco, Tx 75034
469.362.6495 www.fsafrisco.org

Basketball Coaches,
Welcome to FSA Spring Basketball! Please read below for season and registration information.

Leagues: Boys and Girls Kindergarten - 12th Grade

Players: **May only participate on one team per grade.** Players may play in their current school grade and up a grade level.

Schedule: 8 games, game times: Friday (6-9 pm), Saturday (4-9 pm), Sunday (1-8 pm).

Divisions: The actual number of divisions in a grade depends upon number of teams registered. Division placement is done by each grades league coordinators and the basketball director. Divisions are formed based on competitive level, coach's request and past seasons records. 3 division choices: Top, (competitive), Middle and Lowest (newly formed teams), or teams winning only 1-3 games in prior seasons. Select division (most Competitive) is available in 4th grade and above.

Practice: You may request a Frisco School, PSA, or PSA2 Facility. Please put down more than one request for day and place if possible. We assign the earliest slots starting with Kindergarten and work our way up through high school. The earliest openings for schools are 6:45 or 7pm. Practices at the PSA facilities are available as early as you want. Mark no practice if your team is a no practice team. Full court practice is available at an additional fee and must be paid for at the time of registration.

Game Conflicts: With the number of teams that play each season, and the number of conflict requests, it is impossible to honor all of them. Every coach must have someone that can take over the team in (his/her) absence. A team conflict is when you do not have a minimum of 4 players that can start a game. Please indicate the game dates with a clear reason why your team will be unable to play and otherwise would need to forfeit. Although conflict requests are not guaranteed, every effort is made to honor reasonable requests. Teams may only select one conflict per weekend and must be available to play during each week of the season. **No bye weekend will be honored**, but game swaps will be available. We ask that coaches try to be available to play on any day during a weekend if possible! There are 8 games in 8 weeks, and the fewer conflicts the better the schedule.

Registration: Included with this letter is a Team Registration packet. Fill out all the information: roster, coach's application, practice, division and conflict form. **An e-mail address is needed for every team.** Returning team roster; correct coaches and player information, especially the coach's e-mail address, and have all parents sign the back of the registration form. Teams are limited to 12 players on their roster. The basketball board will fill your roster (up to 10 players) from individual player registration if additional players are needed.

We look forward to a great season. Please contact me if you have any questions.

Shirley Johnson
FSA Basketball Director
sjohnson@psaplano.org

Frisco Sports AUTHORITY

Boys and Girls Leagues K – 12th Grade

Individual and Team Registration

8 Game Season, No Playoffs, No Trophies

Practices scheduled Mon-Thurs at a Frisco School, PSA, or PSA2

Games Played Friday, Saturday, or Sunday

Game Start Times: Fri, 6-9pm Sat, 4-9pm and Sun, 1-8pm

Players may only play on one team per grade



Monday, Jan 26	Registration Opens	
Wednesday, Feb 25	Returning Teams due	
Saturday, Feb 28	Registration Closes	
Wednesday, March 11	Coaches Meeting @PSA K- 4 th	7pm
Thursday, March 12	Coaches Meeting @PSA 5 th -12 th	7pm
Monday, March 23	Practice Begins	
Friday, March 27	Games Begin	
Fri-Sun April 10-12	No Games Easter Weekend	
Fri-Sun, May 22-24	No Games Memorial Weekend	
Friday, May 29	Last Practice	
Sunday, May 31	Season Ends	

Make a difference...volunteer to coach!

INDIVIDUAL REGISTRATION FEES

Individual Player Registration Fee (includes ½ court practice). \$ 112

TEAM REGISTRATION FEES

Returning or new team player fees depend on the # of players on a team, whether they are practice or no practice. Check with your coach for the amount to pay, if you are on an existing team.

Team Fee with Practice (one ½ court Practice per week) \$1120

Team Fee with No Practice \$ 895

Team Fee with Full Court Practice (one full court practice per week) \$1345



COACHES PACKETS AND REGISTRATION INFORMATION AVAILABLE AT
www.fsafrisco.org

Questions? e-mail basketball director Shirley Johnson at sjohnson@psaplano.org

8200 Stonebrook Pkwy, Suite 200, Frisco, Tx 75034

469.362.6495

www.fsafrisco.org

info@fsafrisco.org

SPRING 2009 BASKETBALL Conflict & Binding Request

Conflict requests are considered only for **teams** unable to play a on a specific day and would be forced to forfeit their game, if scheduled. Coach's conflicts are not team conflicts. Teams must have an assistant coach or a parent to take over the team if the coach is unavailable. **The scheduling program will honor only one conflict per weekend, and will NOT accept requests for a bye week! Conflicts are not guaranteed!** In the event your conflict is not honored, there are procedures for getting game swaps. This information is on the basketball web site under Conflict Guidelines. Conflicts will not be accepted after registration closes.

Team Binding

For head coaches use only: If you are the head coach, and you are coaching multiple teams you may fill out the information below to bind your teams so they do not play at the same time. You must be the head coach on all the teams listed. If you are only coaching one team, fill out only one.

Coaches fill out one Conflict & Binding Request form, listing all teams, if you are head coach of more than 1 team. If you coach one team, just fill out the Team #1 section only, if you have any conflicts!

Team #1

Boys Girls Grade _____ Team Name _____ Coach _____

Friday	(Reason)	Saturday	(Reason)	Sunday	(Reason)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Team #2

Boys Girls Grade _____ Team Name _____ Coach _____

Friday	(Reason)	Saturday	(Reason)	Sunday	(Reason)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Team #3

Boys Girls Grade _____ Team Name _____ Coach _____

Friday	(Reason)	Saturday	(Reason)	Sunday	(Reason)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



Spring 2009 Basketball

Boys Girls Grade: _____

Team Name: _____

Head Coach	Last Name:		Address:		Home:	Work:	Cell:
	First Name:		City:	Zip:	E-Mail:		
Asst Coach	Last Name:		Address:		Home:	Work:	Cell:
	First Name:		City:	Zip:	E-Mail:		

Please type or print clearly. If paying the Team Fee, individual payment not required. However, parents are still required to sign form

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:			
Address:									
City:		Zip:		State:					
Home Phone:		DOB:		Gender:					
Grade:	Plano Resident (Y/N):		School:						
\$	Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL	CVV #	Exp Date:

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:			
Address:									
City:		Zip:		State:					
Home Phone:		DOB:		Gender:					
Grade:	Plano Resident (Y/N):		School:						
\$	Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL	CVV#	Exp Date:

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:			
Address:									
City:		Zip:		State:					
Home Phone:		DOB:		Gender:					
Grade:	Plano Resident (Y/N):		School:						
\$	Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL	CVV #	Exp Date

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:			
Address:									
City:		Zip:		State:					
Home Phone:		DOB:		Gender:					
Grade:	Plano Resident (Y/N):		School:						
\$	Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL	CVV #	Exp Date

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:			
Address:									
City:		Zip:		State:					
Home Phone:		DOB:		Gender:					
Grade:	Plano Resident (Y/N):		School:						
\$	Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL	CVV #	Exp Date

WAIVER STATEMENT: I, the player's parent/guardian, understand the nature of sports and this player's experience. This player is in good health and in proper physical condition to participate in sports activities. I release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless PSA from all liability claims, demands, losses or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of PSA or otherwise. I further agree that if, despite this release, I, the player, or anyone on the player's behalf makes a claim against PSA, I will indemnify, save, and hold harmless PSA from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.

REFUND POLICY: \$30.00 Service Charge of the appropriate sport's fee prior to registration closing, NO refunds for any reason after registration closes. Requests for refunds must be made in person at PSA, M-F 9:30 am - 5:30 pm, NO EXCEPTIONS. Returned Checks are subject to a \$30.00 fee.

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:							
Address:				Home:		Work:		Cell:					
City:		Zip:		State:		E-Mail:							
Home Phone:		DOB:		Gender:		Father's Last Name:		Father's First Name:					
Grade:		Plano Resident (Y/N):		School:		Home:		Work:		Cell:			
\$		Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL		CVV #		Exp Date	

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:							
Address:				Home:		Work:		Cell:					
City:		Zip:		State:		E-Mail:							
Home Phone:		DOB:		Gender:		Father's Last Name:		Father's First Name:					
Grade:		Plano Resident (Y/N):		School:		Home:		Work:		Cell:			
\$		Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL		CVV #		Exp Date	

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:							
Address:				Home:		Work:		Cell:					
City:		Zip:		State:		E-Mail:							
Home Phone:		DOB:		Gender:		Father's Last Name:		Father's First Name:					
Grade:		Plano Resident (Y/N):		School:		Home:		Work:		Cell:			
\$		Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL		CVV #		Exp Date	

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:							
Address:				Home:		Work:		Cell:					
City:		Zip:		State:		E-Mail:							
Home Phone:		DOB:		Gender:		Father's Last Name:		Father's First Name:					
Grade:		Plano Resident (Y/N):		School:		Home:		Work:		Cell:			
\$		Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Disc		Name on Credit Card:		Credit Card # or DL		CVV #		Exp Date	

Last Name:		First Name:		Mother's Last Name:		Mother's First Name:							
Address:				Home:		Work:		Cell:					
City:		Zip:		State:		E-Mail:							
Home Phone:		DOB:		Gender:		Father's Last Name:		Father's First Name:					
Grade:		Plano Resident (Y/N):		School:		Home:		Work:		Cell:			
\$		Parent Signature:		<input type="checkbox"/> Cash <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Dis		Name on Credit Card:		Credit Card # or DL		CVV #		Exp Date	

Team Registration Fee (with 1/2 court practice)	\$1,120	PAYMENT INFORMATION (PSA Office Use Only)	
Team Registration Fee (no practice)	\$ 895	# of players	_____ x \$ _____ \$ _____
Team Registration Fee (with full court practice)	\$1,345	Team Registration Fee	\$ _____
		Optional Full Court Fee (\$225.00)	\$ _____
		Total Team Payment	\$ _____

Full Team Payment							
\$	Name on Credit Card Please Print	Visa	Check	Credit Card # or DL #	Exp	CVV	
		Disc	Amex				
		MC	CASH				

WAIVER STATEMENT: I, the player's parent/guardian, understand the nature of sports and this player's experience. This player is in good health and in proper physical condition to participate in sports activities. I release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless PSA from all liability claims, demands, losses or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of PSA or otherwise. I further agree that if, despite this release, I, the player, or anyone on the player's behalf makes a claim against PSA, I will indemnify, save, and hold harmless PSA from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.

REFUND POLICY: \$30.00 Service Charge of the appropriate sport's fee prior to registration closing. NO refunds for any reason after registration closes. Requests for refunds must be made in person at PSA, M-F 9:30 am - 5:30 p m, NO EXCEPTIONS. Returned Checks are subject to a \$30.00 fee.

DIVISION AND PRACTICE AND SHEET
Frisco Basketball Spring 2009

Boys **Girls** **Grade:** _____ **Team Name:** _____ **Coach:** _____

DIVISION REQUEST

Requested Division Assignments:

The number of divisions in each grade will depend on the number of teams registered. The final placement is up to your League Coordinator and the Basketball Board.

- Select Division** (4th and above) most competitive
- Division A-** Top division, most
- Division B-** Middle division, competitive
- Division C-** Lower division, less competitive
mainly for newly formed teams
or teams with 1-3 wins previous season.

All Practices are 1/2 court. Teams practice once a week for 1 hour.

Please ensure that each practice request is on a DIFFERENT day of the week. The younger grades will be scheduled for the earliest practice times available.

	<u>Day of the Week</u>		<u>Practice Time</u>	<u>Location</u>
<u>1st Choice</u>	Mon	Wed	6:45pm 7:45pm	FISD School _____
	Tue	Thur		PSA/PSA2 _____
<u>2nd Choice</u>	Mon	Wed	6:45pm 7:45pm	FISD School _____
	Tue	Thur		PSA/PSA2 _____

The schedule below is for head coaches only, coaching more than 1 team. Practice requests are not guaranteed. Actual practice assignments will depend on schools we are given to use.

Please schedule the following teams for practice on **DIFFERENT nights**.

Grade __ Boys Girls Team Name: _____ Coach: _____

Please schedule the following teams for practice on the SAME night, **BACK TO BACK TIMES**

Grade __ Boys Girls Team Name: _____ Coach: _____

Please schedule the following teams for practice on the **SAME night, SAME time, and SAME court**.

Grade __ Boys Girls Team Name: _____ Coach: _____



Coaches Application Background Check

SEASON/YEAR	SPORT	LEAGUE	GRADE	Team Name
** <u>Legal</u> First Name	Middle Initial	Maiden Name	** <u>Legal</u> Last Name	
Address	City & Zip Code	PLEASE PRINT CLEARLY TO AVOID ADDITIONAL CONTACT HAVING TO BE MADE TO VERIFY INFORMATION.		Are you registering current team? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Work or Cell Phone	E-mail Address		Would you like to coach a unassigned team? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female	**REQUIRED INFORMATION	**Drivers License # & State		**DOB ____/____/____ (Month/Date/Year)
Have you ever been arrested or convicted of a Class B or above Misdemeanor or Felony? If so, what is the disposition of the case?		** Social Security Number:		
		Have You Coached Before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Organization
		<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach	Team Names:	
<p>CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK/AUTHORIZATION/WAIVER/INDEMNITY</p> <p>I HEREBY GIVE MY PERMISSION IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION FOR THE PLANO SPORTS AUTHORITY, INC. (PSA) TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCY, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS AND DELINQUENT CONDUCT COMMITTED AS A JUVENILE. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART TO DETERMINE MY ELIGIBILITY FOR A VOLUNTEER POSITION WITH PLANO SPORTS AUTHORITY, INC. (PSA). I ALSO UNDERSTAND THAT AS LONG AS I REMAIN A VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AS RECEIVED BY PLANO SPORTS AUTHORITY, INC. (PSA) AND A PROCEDURE IS AVAILABLE IF I DISPUTE THE RECORD AS RECEIVED.</p> <p>I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND DEFEND PLANO SPORTS AUTHORITY, INC. (PSA) AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, INCLUDING CLAIMS FOR THE NEGLIGENCE, GROSS NEGLIGENCE, AND/OR STRICT LIABILITY OF PLANO SPORTS AUTHORITY, INC., AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER MEMBER.</p>				

(Signature)

(Please Print Name)

Date

PSA conducts background checks on all employees and volunteers.

Coaches' Code of Ethics

I will:

- Consider it a privilege to coach children.
- Remember I am a youth coach and that the game is for children and not adults.
- Consider it an obligation to be an example while developing character, integrity and honesty.
- Use positive coaching methods to make the experience enjoyable, increase self-esteem and foster a love and appreciation for the sport.
- Place the emotional and physical well being of my players ahead of any personal desire to win.
- Not direct comments or criticism relative to players' game performance.
- Remember to treat each player as an individual.
- Remember the large spread of emotional and physical development for the same age group.
- Provide a safe playing situation for my players.
- Organize practices that teach sports' skills for the players' age I coach.
- Use coaching techniques appropriate for each of the skills that I coach.
- Insure I know the rules of each sport I coach and teach these rules to my players and their parents.
- Lead, by example in demonstrating fair play and sportsmanship to all my players.
- Promote sportsmanship over gamesmanship following the sport's rules with no violation of them to win.
- Not abuse a player physically, verbally, emotionally or mentally.
- Not argue, threaten or demean a player, parents, coaches or officials.
- Not use foul and abusive language at any time in representing PSA.
- Control the emotions, ego, frustrations and displays of anger of myself, players and team parents.
- Not use alcohol, drug or tobacco related products in the presence of players, coaches, officials or volunteers.
- Report any conduct that has violated this code or is detrimental to the positive environment projected by PSA through youth sports.

As a PSA Coach,

- I agree to read the Rules, Policies & Procedures, follow the same and support the PSA sports program.

Safe Kids Program for PSA and the PSA StarCenter

PSA is committed to provide a safe environment and safe environment to prevent sexual misconduct. PSA is committed to:

- Provide a safe environment and to prevent child abuse and sexual misconduct
- Make every reasonable effort to ensure that every person involved in coaching a sport/activity will abide by the Safe Kids guidelines adopted by PSA
- Make every reasonable effort to exclude any adult with a legally documented history of child abuse/molestation or any other conviction or record that would bring unnecessary risk to the health and safety of the participants of our programs

PSA will:

- Take appropriate action on all allegations of child abuse and/or sexual misconduct
- Report all allegations immediately to the authorities for investigation
- Cooperate fully with any such investigation
- The following represents the preventive measures will taken by PSA regarding abuse:
- Physical, emotional, mental, and verbal abuse of any of the participants, coaches, managers, employees, volunteers involved in PSA sponsored activities is not permitted
- Inappropriate touching of any kind is forbidden
- PSA agrees to provide more than one adult working at or overseeing every activity and seek to avoid one-on-one situations. If a child needs special attention (one-on-one training or an individual meeting), it will be handled with the assistance or presence of another adult
- Coaches, volunteers and paid staff should never ride alone with a child or participant in a car. Procedures will be established for coaches, volunteers and paid staff to follow in the event a participant is stranded at a PSA sponsored activity
- Parents are encouraged to attend all PSA sponsored activities
- PSA will review and update these procedures with all coaches, volunteers and paid staff who work with children
- PSA will maintain a list of employees who have reviewed these procedures
- PSA will conduct background checks on volunteer sports' directors; league coaches and coaches

(Signature)

(Sport/TeamName/League)

Date