

CALIFORNIA BASKETBALL ASSOCIATION



**CALIFORNIA
BASKETBALL
ASSOCIATION**

**Men's
Professional
Basketball
In Los Angeles**

SEASON 3

January 2018 - March 2018

required players information package

info@CaliforniaBasketballAssociation.com



CALIFORNIA BASKETBALL ASSOCIATION

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CALIFORNIA BASKETBALL ASSOCIATION

players checklist

California Basketball Association (CBA) looks for athletes who have made a commitment to athletics, and personal development and growth.

Step 1: Applicants will be cleared to play when all items requested below have been received:

- Completed Player Packet: (Return all signed pages and the Player Agreement)
- Copy of Insurance Card

Players

- Be sure to include \$60 Uniform Fee
- Be sure to include \$65 Registration Fee

Step 2: Return Player Packet and supporting documents from Step 1

Player Packet must be completed before participation.

Player Packets received late will be reviewed on space availability basis.

- Email: info@californiabasketballassociation.com
- Mail: **CBA, Attn. Director of Player Personnel**
2046 Hillhurst Ave #23, Los Angeles, Ca, 90027

Step 3: Tryouts

- Tryout dates: **TBA.**
Location: **USESS CENTER** • 950 South Central Ave., Compton, CA 90220
- A \$40. Non-Refundable Registration fee is required for all Men's players.
- Only players who tryout are eligible for the draft.

All Players must tryout to be eligible for the draft.

Step 4: Draft or Free Agent

If accepted, the athlete will be required to complete the following:

- Only players who tryout are eligible for the draft.
- Medical Evaluation/Physicals (ALL athletes)
Note: Physicals must be complete in order to participate
- General Agreement

If you have any questions regarding the details of the Players Packet, please contact us at info@californiabasketballassociation.com



CALIFORNIA BASKETBALL ASSOCIATION

CBA profile, mission, location

profile

The **California Basketball Association** (CBA) is a professional environment and allows the serious player to gain professional experience, while providing structure and support. As a result, our 3 month season is a “true transition” as a professional. Our excellent coaches will prepare you mentally and physically while holding the athletes accountable for decisions; consequently, they leave the CBA with a physical, mental, and social maturity to play overseas.

mission

The California Basketball Association’s mission is to provide an unprecedented professional Basketball League to aspiring professionals. We provide exceptional and unparalleled programs for athletes of diverse backgrounds. We set high expectations for each athlete through intensive coaching and preparation.

location

The California Basketball Association is in Los Angeles County.
All games held at **USESS CENTER** • 950 South Central Ave., Compton, CA 90220

competitive environment

We offer top notch experienced officials, assigned by Mr. Sampson Brue, Vice President of Referee Operations. An ultra-competitive 6 game schedule for men, plus All-Star Weekend and Playoffs are all played at the USESS Center, a state-of-the-art facility in LA County.

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CALIFORNIA BASKETBALL ASSOCIATION

general information

Please print clearly.

Today's Date _____/_____/_____ Gender _____ Season _____

application information

First Name _____ Last Name _____

Gender: ___ Male ___ Female Date of Birth _____/_____/_____ Age _____
(month/day/year)

Permanent Home/Street Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____
(Country Code, Area Code, Phone Number) (Country Code, Area Code, Phone Number)

Fax Number _____ Email Address _____
(Country Code, Area Code, Phone Number)

ethnic background (Check one)

American Indian/Alaskan Native Asian Asian-American/Pacific Islander White/Caucasian

Black/African-American or African Hispanic/Latin-American Other

Country of Citizenship _____ Birthplace _____
(City/Country)

Native Language / Languages you speak fluently (other than English) _____

Referred by _____
(Specify person, magazine, web site, ad, coach, school representative, other)

education

School Name _____ Street Address _____

City _____ State _____ Zip _____ Country _____

School Phone _____ Coach _____
(Country Code, Area Code, Phone Number)

Degree Earned _____ Grade Point Average (GPA) _____ Graduation Date _____

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player profile

personal information

Date _____
 Athlete's First Name _____ Last Name _____
 Gender: ___ Male ___ Female Date of Birth ____/____/____ Age _____
 (month/day/year)
 Street Address _____
 City _____ State _____ Zip _____ Country _____
 Home Phone _____ Cell Phone _____
 (Country Code, Area Code, Phone Number) (Country Code, Area Code, Phone Number)
 Email Address _____ Social Security Number _____
 Height ___ Weight ___ Position (check one) PG SG Combo Wng SF PF C

1. Last College Name _____
 City _____ State _____
 Coach Name _____ Phone _____
 2. Previous College Name _____
 City _____ State _____
 Coach Name _____ Phone _____
 3. Previous College Name _____
 City _____ State _____
 Coach Name _____ Phone _____

basketball information

Points Per Game Avg _____ Assists Per Game Avg _____ Rebounds Per Game Avg _____
 Steals Per Game Avg _____ Blocks Per Game Avg _____ Free Throws % Avg _____
 NBA or WNBA player you resemble _____
 What are your strengths as a player _____
 What are your most underrated skills/abilities _____
 Describe your game _____

goals/expectations

What are your goals/expectations for participating in the CBA? _____

work ethic (Rate your work ethic/commitment/dedication/motivation) 1-10, ten being the highest.

Please check only one 1 2 3 4 5 6 7 8 9 10

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applicant questionnaire

To assist Administration in becoming better acquainted with you, your thoughts and goals, please answer the questions below:

Athlete's Name: _____ (Please print clear and legibly)

I. Describe your most important athletic accomplishment/achievement:
II. If we had only one spot left at the CBA roster, why should you be chosen over the other candidates?
III. If sports were not in your life, what would you do to occupy your time?
IV. Describe yourself in three sentences: 1) 2) 3)
V. List all of your past college and professional playing experience.

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CALIFORNIA BASKETBALL ASSOCIATION

medical history form

To be completed by Athlete.

Athlete's Name: _____ Date _____

1. Have you had an injury before? **Yes** **No** If yes, please list your injuries and specify date(s)

2. Check which apply to your current condition
 Athletic injury Work related injury Injury related to lifting Cause unknown
 Motor Vehicle accident Injury related to falling Other _____
3. Have you had a surgery related to any of your injuries? **Yes** **No** If yes, please specify the date(s)

4. Do you have, or have you had, any of the following: *(Check each question, YES or NO)*

	Yes	No		Yes	No		Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain/Angina	<input type="checkbox"/>	<input type="checkbox"/>	Osteoarthritis	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	Metal Implants	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Heart Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	<input type="checkbox"/>	Urine Leakage	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Ringing in Your Ears	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>
Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	Skin Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Liver/Gallbladder Prob.	<input type="checkbox"/>	<input type="checkbox"/>	Asthma/Breathing Prob.	<input type="checkbox"/>	<input type="checkbox"/>	Nausea/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **Yes** to any of the items above, please briefly explain and give the date, include any pertinent information regarding your past medical history _____

5. Do you have any allergies (including medicines or supplements)? **Yes** **No** If yes, please explain

6. Are you presently taking any medications? **Yes** **No** If yes, please list the medication and what condition it is for _____

emergency contact information

Name _____ Relation _____
Home Phone _____ Cell Phone _____

medical insurance information

Insurance Name _____ Policy # _____
Address _____
City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____
(Country Code, Area Code, Phone Number) *(Country Code, Area Code, Phone Number)*

Each Athlete is required to take a physical examination before beginning any training or game competition administered by or for the CBA or coach.

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CALIFORNIA BASKETBALL ASSOCIATION

physical examination form

To be completed by Doctor.

Preparticipation Physical Examination

Athlete's First Name _____ Last Name _____

Gender: _____ Male _____ Female Date of Birth _____/_____/_____
 (month/day/year) Age _____

Height _____ Weight _____ % Body fat (optional) Pulse _____ BP _____

Vision R 20/____ L20/____ Corrected: Y N Pupils: Equal _____ Unequal _____

Follow-Up questions on more sensitive issues

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you feel stressed out or under a lot of pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you feel safe? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever tried cigarette smoking, even 1 or 2 puffs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you currently smoke cigarettes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. During the past 30 days, did you use chewing tobacco, snuff or dip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. During the past 30 days, have you had at least 1 drink of alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever taken steroid pills or shots without a doctor's prescription? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever taken any supplements to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Questions from the Youth Risk Behavior Survey (http://www.cdc.gov/HealthyYouth/yrbs/index.htm)
on guns, seatbelts, unprotected sex, domestic violence, drugs, etc. | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set up only. Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of Physician (print) _____ Date _____ Phone _____

Physician's Signature _____

Street Address _____

City _____ State _____ Zip _____ Country _____

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CALIFORNIA BASKETBALL ASSOCIATION

physical examination form History

Preparticipation Physical Examination Pg. A

To be completed by Athlete.

Date of Exam ____/____/____

(Please print clear and legibly)

Athlete's First Name _____ Last Name _____

Gender: ____ Male ____ Female Date of Birth ____/____/____ Age _____
(month/day/year)

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____
(Country Code, Area Code, Phone Number) (Country Code, Area Code, Phone Number)

Personal Physician _____ Phone _____

In case of emergency, contact Name _____

Relationship _____ Phone (H) _____ (W) _____

Choose **Yes** or **No** for each question. If you don't know the answer to a question, circle the number.

Explain **Yes** answers at the end of the list.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing medical condition (like diabetes or asthma)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently taking any prescription or nonprescription (<i>over-the-counter</i>) medications or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any allergies to medicines, pollens, foods, or stinging insects? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever passed out or nearly passed out DURING exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever passed out or nearly passed out AFTER exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your heart race or skip beats during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a doctor ever told you that you have (<i>check all that apply</i>): | | |
| <input type="checkbox"/> High blood pressure <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart murmur <input type="checkbox"/> A heart infection | | |
| 10. Has a doctor ever ordered a test for your heart? (<i>for ex., ECG, Echocardiogram</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has anyone in your family died for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does anyone in your family have a heart problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does anyone in your family have Marfan syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever spent the night in a hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendinitis, that caused you to miss a practice or game? If yes, circle affected area below. | <input type="checkbox"/> | <input type="checkbox"/> |
| Head Neck Shoulder Upper Arm Elbow Forearm Hand/Fingers Chest | | |
| Upper Back Lower Back Hip Thigh Knee Calf/Shin Ankle Foot/Toes | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? If yes, circle below. | <input type="checkbox"/> | <input type="checkbox"/> |
| Head Neck Shoulder Upper Arm Elbow Forearm Hand/Fingers Chest | | |
| Upper Back Lower Back Hip Thigh Knee Calf/Shin Ankle Foot/Toes | | |

continued



CALIFORNIA BASKETBALL ASSOCIATION

physical examination form History

Preparticipation Physical Examination Pg. B

19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below.
- Head Neck Shoulder Upper Arm Elbow Forearm Hand/Fingers Chest
Upper Back Lower Back Hip Thigh Knee Calf/Shin Ankle Foot/Toes
20. Have you ever had a stress fracture?
21. Have you been told that you have or have you had an x-ray for atlantoaxial (*neck*) instability?
22. Do you regularly use a brace or assistive device?
23. Has a doctor ever told you that you had asthma or allergies?
24. Do you cough, wheeze, or have difficulty breathing during or after exercise?
25. Is there anyone in your family who as asthma?
26. Have you ever used an inhaler or taken asthma medicine?
27. Were you born without or are you missing a kidney, an eye, testicle, or any other organ?
28. Haver you had infectious mononucleosis (*mono*) within the last month?
29. Do you have any rashes, pressure sores, or other skin problems?
30. Have you had a herpes skin infection?
31. Have you ever had a head injury or concussion?
32. Have you been hit in the head and been confused or lost your memory?
33. Have you ever had a seizure?
34. Do you have headaches when you exercise?
35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
36. Have you ever been unable to move your arms or legs after being hit or falling?
37. When exercising in the heat, do you have severe muscle cramps or become ill?
38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?
39. Have you had any problems with your eyes or vision?
40. Do you wear glasses or contact lenses?
41. Do you wear protective eye wear, such as goggles or a face shield?
42. Are you happy with your weight?
43. Are you trying to gain or lose weight?
44. Has anyone recommended you change your weight or eating habits?
45. Do you limit or carefully control what you eat?
46. Do you have any concerns that you would like to discuss with a doctor?
- FEMALES ONLY**
47. Have you ever had a menstrual period?
48. How old were you when you had your first menstrial period? _____
49. How many periods have you had in the last 12 months? _____

Explain YES answers here _____

I hereby state, that to the best of my knowledge, my answers to the above questions are complete and correct.

Athlete's Signature _____ Date _____



CALIFORNIA BASKETBALL ASSOCIATION

insurance + participation form

consent to treat

I understand that I may require some form of rehabilitation or preventative treatment during my tenure at the CBA. I could also be referred for rehabilitative treatment by the CBA via a self-referral or referral from a physician. In such cases, an individual treatment plan will be prescribed for me. I understand that I have the right to ask and have any questions answered prior to receiving any treatment, including any risks or alternatives to the treatment plan that has been prescribed by my physician and/or recommended by my therapist. By signing this agreement, I consent to CBA providing treatment and care, as necessary, for rehabilitation of an injury or injury prevention.

The statements are true and complete to the best of my knowledge. I fully understand all policies and codes of conduct of the CBA. I hereby authorize the CBA to furnish my insurance company(s), privately contracted medical billing provider, attorney, or legal representative all information, which said parties might request concerning my present illness or injury. I hereby assign the CBA all money to which I am entitled for medical expenses related to the service reported herein, but not to exceed my indebtedness to the CBA. I certify by my signature that I have read & agree to this information.

Physical therapy services include, but are not limited to:

- Evaluation/Re-evaluation
- Therapeutic Exercise
- Range of Motion/Flexibility
- Ice/Heat

participation in the CBA

I understand that CBA and its coaches ASSUME NO FINANCIAL OBLIGATIONS IN THE CASE OF ILLNESS OR ACCIDENT. THE CBA HAS MY AUTHORITY TO SECURE THE NECESSARY MEDICAL ATTENTION. I understand that the CBA and its Coaches do not provide accident insurance.

In the event that the athlete's physician cannot be contacted immediately, I give my consent for the program/basketball coaches in charge to use their best judgment in caring for me including calling a physician or ambulance for immediate hospitalization and administering anesthesia if deemed necessary, until I can give my own consent or until a family member can be reached.

I agree to the above: Yes No Initials Required _____

Athlete's Name (Please print) _____

Athlete's Signature _____ Date _____

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CALIFORNIA BASKETBALL ASSOCIATION

media consent form

photo/video/internet/media consent

Season: _____

The undersigned authorize the California Basketball Association (CBA) to permit the use and display of said photographs in any publication, multimedia production, display, advertisement or internet publication.

The undersigned agrees that the CBA may use the aforementioned name, likeness, or voice for any promotional purpose. The undersigned releases and forever discharges the CBA, Its agents, officers, and employees from any and all claims and demands arising out of or in connection with the use of said photographs/images, including but not limited to, any claims for invasion of privacy or defamation.

In addition, the undersigned does hereby authorize the CBA to use and distribute within the organization and to registered agents, professional coaches and general managers my name, address, telephone number, and e-mail address, for the purpose of contacting me.

I understand that any confidential information may be distributed without prior consent (i.e.: unlisted telephone numbers/emails).

Accepted and Agreed

Athlete's Name (*Please print*)

Signature

Date

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CALIFORNIA BASKETBALL ASSOCIATION

travel consent form

Season: _____

(Please print clear and legibly)

Athlete's First Name _____ Last Name _____

Gender: Male Female Date of Birth ____/____/____ Age _____
(month/day/year)

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____
(Country Code, Area Code, Phone Number) (Country Code, Area Code, Phone Number)

In case of emergency, contact Name _____

Relationship _____ Phone (H) _____ (W) _____

The athlete listed above has granted permission to be transported to sporting events locally, nationally or internationally by the CBA or CBA Coaches and representatives, in private vehicles which will be driven by coaches or in flight in an airplane.

Accepted and Agreed

 Athlete's Name *(Please print)*

 Signature

 Date

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CALIFORNIA BASKETBALL ASSOCIATION'S

code of conduct for coaches and players

1. I will not berate the officials or “trash talk” to my opponent.
2. I will not use profanity.
3. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, league administrators and officials at every game.
4. I will place the emotional and physical well being of my teammates and opponents ahead of my personal desire to win.
5. I will treat other players, coaches, fans and officials with respect regardless of race, gender, creed or ability.
6. I will demand a sports environment that is free from drugs, tobacco and alcohol and will refrain from their use at all California Basketball Association sporting events.
7. I will do my best to remember that sports are supposed to be FUN and that winning and losing are part of everyone’s experience.
8. I will express my concerns through the proper channels in a dignified manner.
9. I will respect the volunteers that are assisting with the conduct of these events.
10. I will respect and adhere to the California Basketball Association rules governing eligibility and competition.

consequences

Any violation of the above Code of Conduct may result in a temporary or permanent banishment from any California Basketball Association sponsored events.

I acknowledge I have received and read the expected Code of Conduct and agree to abide by the terms above as a player in the CBA.

Athlete’s Name (*Please print*)

Signature

Date

No refunds are given for any reasons - including removal from League.

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CALIFORNIA BASKETBALL ASSOCIATION

tryout player release + eligibility form

In consideration for my participation in the California Basketball Association (CBA) Tryouts (“Tryout”), and for other good and valuable consideration, receipt of which is herein acknowledged, I, by my signature below, hereby acknowledge and agree to all of the terms set forth in this Player Release & Eligibility Form. Accordingly, I hereby:

1. Declare that I (“the player”) am at least eighteen (18) years of age, have graduated from high school (or, if the player did not graduate from high school, the class with which the player would have graduated had he graduated from high school has graduated);
2. Acknowledge that there are risks associated with the strenuous athletic and physical activity that I will be involved in during the Tryout;
3. Acknowledge by this writing, that CBA has recommended that I obtain medical clearance from a physician prior to my participation in the Tryout. I understand the risks attendant to my failure to obtain medical clearance. By my signature below, I hereby represent that I either have received such medical clearance or, contrary to the recommendations of the CBA have decided not to obtain such medical clearance. I also understand the risks inherent in participating in the Tryout;
4. Consent to undergo examination by any physician, hospital, laboratory, clinic, and other health care provider (“Health Care Provider”) designated by the CBA and authorize any such Health Care Provider to use and/or disclose to the CBA and/or the physicians and/or officials of the CBA team any health or medical record, including but not limited to, all information relating to any injury, sickness, disease, condition, medical history, laboratory or test result, medical or clinical status, diagnosis, treatment or prognosis (“Health Information”) obtained in conjunction with any such examination for any purpose relating to my participation and/or in connection with the CBA. I further acknowledge that any Health Information disclosed may be re-disclosed by the recipient of such information, that I will sign any additional individual authorizations as may be requested by the CBA Team to facilitate disclosure of Health Information, and that the CBA shall not be obligated to me for any medical expenses or damages;
5. Release, waive and forever discharge any and all claims of damages or causes of action, including but not limited to, death, personal injury or loss or damage to property, which I, or any of my representatives, heirs, next of kin or assignees (“Representatives”) may have or which may hereinafter accrue to me or my Representatives in connection with (a) my participation in the Tryout, (b) the release and dissemination of Health Information, or (c) otherwise, and which may be asserted by me or my Representatives against the CBA, its parents, subsidiaries or affiliated companies or entities, or its member teams (collectively, “Released Entities”) and, for each such Released Entity, its respective officers, directors, owners, governors, officials, volunteers, employees, agents, representatives, successors and assigns (collectively, and together with the Released Entities, the “Releasees”), whether caused by the acts, omissions or negligence of any Releasee or by any other person or entity;
6. Give and grant perpetually to the CBA and its designees the exclusive non-revocable right in and to my routines, performances, concepts, and other materials created in connection with the Tryout and the proceeds of such performances and materials, including, without limitation, the perpetual and unlimited right to reproduce by any means (whether now known or hereafter developed) my voice, image, likeness, name, nickname, signature, biographical data, and any other identifying attributes (“Attributes”) and any and all of my performances, appearances, related materials, and all such effects made, produced or created in connection with the Tryout (together with Attributes, being referred to collectively as the “Materials”), and the complete and unencumbered right throughout the world, to exhibit, record, reproduce, broadcast, transmit, publish, sell, distribute, perform, use and reuse for any purpose, in any manner, by any means and in any medium, whether now known or hereafter developed, all or any part or parts of the Materials, without any further consideration to me or my Representatives and without further authorization, and
7. Acknowledge and accept sole responsibility for all of the hazards and risks associated with or related to my participation in the Tryout and for any damage or injury that I may cause to others; I expressly assume all risk of injury (including permanent disability and death) arising out of my participation in the Tryout, howsoever caused or arising and whether by negligence or otherwise, and accept personal responsibility for the damages following such injury, permanent disability or death.

By signing this form, I acknowledge that I have received, read and understand the provisions set forth above, and voluntarily consent to and accept the terms therein.

Accepted and Agreed:

Athletes’ Name (*Please print*) _____ Date _____

Signature _____

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CALIFORNIA BASKETBALL ASSOCIATION

tryout health information authorization

By my signature below, I authorize the use and/or disclosure of my Health Information as follows:

1. This authorization applies to all Health Information about me that is now (or, during the period covered by this authorization, may be) in the possession, custody or control of the persons or entities (or classes of persons or entities) identified in Paragraph 2 below. As used in this authorization, "Health Information" means all information relating to my past, present or future physical or mental health or condition or medical record (including, but not limited to, my electronic medical record), including, but not limited to, all information relating to any injury, sickness, disease, condition, medical history, laboratory report or x-ray or other imaging test result, screening, medical or clinical status, diagnosis, treatment or prognosis.

2. I authorize the following persons and entities (or classes of persons and entities) to use and/or disclose to any Health Care Provider any of the Health Information about me that is (or, during the period covered by this authorization, may be) in their possession, custody or control for any purpose relating to my employment (or potential employment) as a player in the CBA, including, without limitation, for any purpose relating to player health and fitness: any physicians, hospitals, laboratories, clinics, trainers, therapists, and/or any other health care professionals or organizations (each a "Health Care Provider").

3. During the period covered by this authorization, any Health Care Provider may disclose my Health Information to: (a) the CBA; (b) the physicians, owners, general managers, coaches, trainers, therapists, and counsel and other team personnel (collectively "Team Personnel") of the CBA team or teams for which I have agreed (or may agree) to render playing services; (c) in the event of any contemplated assignment of my playing contract to another CBA team, or the potential signing of a playing contract with a CBA team, the Team Personnel of such other team or teams; (d) any other CBA team or Team Personnel as designated by the CBA; (e) any entity from which any CBA team seeks to procure, or has procured, any insurance policy covering my life or any disability, injury or illness I may suffer or sustain; (f) any entity from which the CBA receives electronic medical record-related services; and (g) at the direction of the CBA, to the media or public.

4. I understand that any of my Health Information that is disclosed pursuant to this authorization may be re-disclosed by the recipient of such information and no longer be protected by local, state or federal health information privacy laws or regulations.

5. I understand that my medical treatment will not be conditioned upon whether or not I sign this form, except in the case of health care that is solely for the purpose of creating Health Information for such purposes, uses or disclosures as set forth in Paragraph 2 and 3 of this authorization.

6. Unless previously revoked, this authorization shall expire upon the later of: (a) two years from the date it is signed; or the termination of all agreements that have provided for my employment as a CBA player.

7. I acknowledge that I have received a copy of this authorization.

Athletes' Name *(Please print)* _____ Date _____

Signature _____ Date of Birth _____

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CALIFORNIA BASKETBALL ASSOCIATION

release + waiver of liability agreement

I understand that this Release and Waiver of Liability governs all rights and liabilities relating in any way to the receipt by me from the CBA and/or its agents of services, as defined below. I have read, understand, and agree to be bound by the terms below.

definitions

“Services” shall mean any and all manner of goods and services offered by the CBA or any other Released Party to you. These services, which may take the form of training, treatment, consulting, and the like, expressly include, but are not limited to: evaluations, rehabilitation, reconditioning, performance planning, performance training (including strength & conditioning training, speed & quickness training, plyometric training, and the like), recovery and regeneration training, sports nutrition consultation, supplement and nutrition provision, any consultation related to any item in this list, injury reduction and treatment, technical and tactical instruction and performance enhancement.

“Training” shall mean any act or activities required or carried out by you in relation to the Services.

“Released Parties” shall mean all CBA, staff and employees and all related governmental entities, in relation to the previously listed respective Released Parties, all of their officers, directors, shareholders, insurers, sponsors, partners, employees, employers, agents, successors, contractors, assigns, affiliates, parent corporations, affiliated corporations, and subsidiary corporations.

terms and provisions

The risk of injury from participation in sporting events and other strenuous physical activity, including Training, is significant, including the potential for permanent paralysis, other serious injury, and/or death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS of participation in Training, including, without limitation, risk arising from or relating in any way to the condition of the facilities, equipment, fields, and surrounding premises, the actions of persons other than myself, my own actions, and travel to and from the Training. I UNDERSTAND THAT THE RELEASED PARTIES MAKE NO WARRANTIES and shall in no event be responsible or liable for the defective or dangerous condition of the facilities, equipment, fields, and surrounding premises, except to the extent such condition(s) result(s) solely from the gross negligence or intentional acts of a Released Party.

I AGREE THAT THE RELEASED PARTIES SHALL NOT BE LIABLE for any claims, demands, injuries, damages, actions, or causes of action that arise in whole or in part due to the simple negligence of the Released Parties. FURTHERMORE, I FOREVER RELEASE AND DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS, the Released Parties from and in relation to all claims, demands, injuries, damages, actions, or causes of action that arise from or relate in any way to my participation in the Training, other than such claims, demands, etc. that arise solely from the gross negligence or intentional acts of a Released Party. I FURTHER WARRANT AND CERTIFY that I have no health conditions or defects that would prevent me from participating safely in the Training and Competition, that I have taken every reasonable act necessary to make this warranty and certification in relation to such participation, and that I am otherwise sufficiently fit and healthy to so participate.

I WARRANT AND UNDERSTAND that it is my sole and personal responsibility to obtain insurance to compensate for any and all injuries which might arise from any participation in the Training, and furthermore agree to look solely to such insurance to cover losses resulting from any injuries, regardless of fault, and waive all rights of subrogation on behalf of any and all Released Parties which may now or ever exist as a result of such insurance.

IN ANY EVENT, THE LIABILITY OF A RELEASED PARTY TO ME FOR ANY REASON AND UPON ANY CAUSE OF ACTION SHALL NOT EXCEED THE AMOUNT ACTUALLY PAID BY ME TO THE CBA DURING THE EIGHT MONTHS IMMEDIATELY PRECEDING MY ASSERTION OF SUCH CLAIM. THIS LIMITATION APPLIES TO ALL CAUSES OF ACTION IN THE AGGREGATE, INCLUDING, WITHOUT LIMITATION TO EQUITY, BREACH OF CONTRACT, BREACH OF WARRANTY, NEGLIGENCE, STRICT LIABILITY, MISREPRESENTATIONS, AND OTHER TORTS.

If any paragraph, subparagraph, sentence or clause of this Agreement shall be adjudged illegal, invalid or unenforceable, the balance of the Agreement shall remain in full force and effect. This Agreement shall be construed and interpreted under California law. Any lawsuit or claim arising from or relating in any way to Training or Competition, Services, and/or this Agreement shall be brought, if at all, in the County of Los Angeles, California.

I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily. I acknowledge that I have received valuable consideration in relation to my execution of this Agreement, which I understand to be a prerequisite to my receipt of Services. Finally, I understand that this Agreement shall be of full force and effect as to any and all Services I receive from the Released Parties, without regard to the date or timing of such service.

Athlete's Name *(Please print)*

Signature

Date



CALIFORNIA BASKETBALL ASSOCIATION

player financial responsibility agreement

Athlete's Name _____ Date _____
 Program Year _____ Duration 3 Months (January - March)
 Men's or Women's _____ Age _____

financial responsibility

\$275 League Fee (Non-Refundable)
 \$60 Uniform Fee (Non-Refundable)
 \$65 Tryout/Registration Fee (Non-Refundable) (One fee good for all tryouts)
 Total 3 month fee for the above athlete is \$ _____

Please Note: ALL FEES ARE NON-REFUNDABLE.

ALL PAYMENTS MUST BE PROVIDED PRIOR TO THE FIRST DAY OF THE SEASON,
 (unless otherwise agreed.)

- ✓ It is agreed that the fees are non-refundable.
- ✓ It is agreed that the CBA may, temporarily or permanently, withdraw the athlete immediately upon the program's discretion, as deemed to be for the best interest of the athlete, other athletes or the CBA.
- ✓ The undersigned acknowledges that gym facilities and programs are satisfactory as represented.
- ✓ It is agreed that all fees must be current before participating in any games.
- ✓ This agreement is executed in duplicate, and the athlete acknowledges receipt of a copy herein. Should it be necessary to institute legal proceedings for the collection of any part of the aforesaid sum, the undersigned agrees to pay Court costs and reasonable attorney's fees therefore.
- ✓ All deposits and fees are non-refundable and cover consulting, eligibility, skill evaluation, physical evaluation, coaching fees, uniforms and basic operation costs.
- ✓ We reserve the right to deny, retain or dismiss any player due to improper conduct, fighting, excessive foul language, disruptive attitudes, behavior issues, previous incidents, providing false information, excessive absences and tardiness, legal issues, and/or any additional situation that will jeopardize other athletes.

Executed at THE USESS CENTER this _____ day of _____ 20 _____

Athlete's Name (*Please print*) _____

Athlete's Signature: _____

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CALIFORNIA BASKETBALL ASSOCIATION

2018 game schedule and important dates

Jan. 7	Exhibition Games
Jan. 14	Exhibition Games
Jan. 21	Game #1
Jan. 28	Game #2
Feb. 4	Game #3
Feb. 11	Game #4
Feb. 18	Game #5
Feb. 25	Game #6
March 4	Playoffs/All Star Event
March 11	Playoffs TBA
March 18	Playoffs TBA

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