

# CHUSY REGION USY BASKETBALL LEAGUE OBJECTIVES

CHUSY Region USY (United Synagogue Youth) has supported a basketball league for many, many years. By doing so, it is our objective to provide USYers with an opportunity to compete athletically, build chapter/synagogue camaraderie and *ruach* (spirit), and demonstrate teamwork with other Jewish teens.

Just as every high school in the state sets standards for appropriate sportsmanlike behavior, we too expect a level of sportsmanship and respectful behavior. The following rules of conduct are paramount in our league. Please note – these rules apply to all players, coaches, parents, and spectators.

- 1) No foul language will be permitted or tolerated.
- 2) No heckling or “trash talking” of players, referees or teams will be permitted.
- 3) No disrespectful comments or gestures toward other players, coaches, referees or spectators will be permitted.

We recognize that competition, enthusiasm, and spirit are healthy. It is not our intention to squelch any of that. We must however prohibit anyone from crossing the line towards disrespectful, inappropriate, or offensive language or behavior. Players on high school, college and professional sports teams receive technical calls and/or suspensions for these actions, as will our teams, players, coaches, parents, and spectators.

The USY basketball referees have been instructed to follow these guidelines in refereeing our games. Violations of these objectives may result in technical fouls or ejection from the game. Serious or continuous violations will result in the players, coaches, and or team being suspended from any or all future games at the discretion of the Regional Youth Director, or designee. Parents and spectators who violate the rules will also be barred from any or all future games.

Thank you for your cooperation.

Sincerely,

Julie Marder  
Director of Youth Activities  
CHUSY Region

**CHUSY REGION USY ~ UNITED SYNAGOGUE YOUTH  
BASKETBALL LEAGUE PERMISSION & PARTICIPATION FORM  
2013 - 2014**

I give my son/daughter \_\_\_\_\_ permission to participate in the CHUSY Region USY Basketball Program. I understand that the region **DOES NOT** provide health/accident insurance for this activity. I also understand that it is the responsibility of my synagogue/chapter to provide adequate supervision for our team. USY is not liable for expenses incurred due to injury or accident on the way to or from the game site or during play.

In the event I cannot be reached in an emergency, I hereby authorize the USY Basketball Coordinators and/or the Regional Youth Director to select appropriate health care providers to administer, prescribe, and/or direct the administration of any medication, other medical treatment, surgery or hospitalization and services deemed appropriate for my child named above.

**Parent Statement of Understanding:** I have read the **USY Basketball League Objectives** on the reverse side of this form and agree to promote these objectives of fair play with my child. I understand the premise of the USY Basketball League and fully support it.

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Health Insurance Carrier** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Policy Holder's Name** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

*Please Print*

Parent/Guardian Name	Home Phone	Cell Phone	Email address
_____	(____) _____	(____) _____	_____
_____	(____) _____	(____) _____	_____

Please list special needs/medical conditions/allergies:

\_\_\_\_\_  
\_\_\_\_\_

**USYer Statement of Understanding:** I understand the program rules and agree to abide by them, as well as to additional guidelines established by the USY Basketball Coordinators and Regional Youth Director. I understand the rules of the program require sportsmanlike conduct at all times. The USY Basketball Coordinator(s) and Regional Youth Director are empowered to expel me from game play and/or league if I do not abide by the league rules.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Youth Director or Advisor Approval:** The above mentioned USYer is a paid member of our chapter and is fully qualified to represent our chapter as a participant in this year's USY Basketball Program.

Director/Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

CHAPTER/TEAM \_\_\_\_\_