

SALISH  **KOOTENAI HOUSING AUTHORITY**
OF THE FLATHEAD RESERVATION 

To Potential Salish & Kootenai All-Star:

Thank you for your interest in the 2020 Salish & Kootenai All-Star team.

CONGRATULATIONS to all of our Flathead Reservation teams on tournament play. Due to state tournament timing, the Salish and Kootenai Housing Authority has scheduled the two day tryout sessions as follows:

TRYOUTS will be held on **March 16 - 17, 2020, at the Two Eagle River School Gym, from 6:00 P.M. – 8:00 P.M.** Team selections will be made after tryouts. ^{NEW} ** Selected players will be notified by phone on **March 18, 2020.** **

Should you choose to try out for the team, the attached application and the drug screening will need to be completed and submitted to SKHA no later than 4:30 P.M. on Monday, March 16, 2020. No exceptions.

Drug screenings will be made available at the SKHA Office on weekdays, from 7:00 A.M. – 5:30 P.M. and until 4:30 P.M. on Monday, March 16, 2020.

Applications must be returned to:

Salish & Kootenai Housing Authority
ATTN: Rhonda Quequesah ~ 2020 S&K All-Stars
P.O. Box 38
Pablo, MT 59855

The following verifications are included in the application and must be submitted:

- _____ High School Enrollment (*Principal must sign*)
- _____ Tribal Affiliation (*Verification from your Tribal Enrollment Office or Tribal ID*)
- _____ Drug Screening (*Must be completed **prior** to Tryouts*)
- _____ \$5 Drug Screening Fee Paid (*Prior to or at the time of screening*)

If you have any questions or need assistance with your application or verifications, please contact *Rhonda Quequesah* at (406) 675-4491, extension 1540 or one of the coaches/chaperones.

Again, thank you for your interest in the 2020 Salish & Kootenai All-Star Team. I look forward to another successful tournament. Keep up the hard work!

Sincerely,


Jody Perez
Executive Director

Date Received:

Enrollment School Verified

UA Paid UA Completed

2020 SALISH & KOOTENAI ALL-STAR APPLICATION

NAME: _____ HIGH SCHOOL: _____ GRADE: _____

ADDRESS: _____ CITY: _____ SHIRT SIZE: _____

The following must be completed in order to be considered for the All-West Native American Basketball Classic on behalf of the Salish and Kootenai Housing Authority. **Failure to return the completed forms and complete UA by Monday, March 16, 2020, no later than 4:30 P.M., in agreement to the conditions stated herewith, will disqualify you from participation.**

Priorities for team selection are: 1) Timely completion & submittal of all required forms 2) Attendance and participation at both days of tryouts 3) Grade point averages leading toward successful academics 4) Selection by positions 5) When all else is equal, Preference will be given to CSKT Tribal members.

GOALS

1. Develop and maintain a positive environment – on and off the court.
2. Develop a team spirit while increasing self-worth.
3. Identify strengths and weaknesses and use these as building blocks.
4. Be competitive in a healthy manner.
5. Add to our memory bank another great time that was **drug-free!**
6. Meet new friends.
7. Be good role models.
8. Play some ball and win some games!

RULES PERTAINING TO CHOSEN TEAM

1. **PRACTICE ATTENDANCE:** Any player missing one (1) practice without prior approval from the coach will be dismissed from the team.
2. **ATTITUDE:** Any player displaying acts of defiance or refusing to cooperate to the coach's satisfaction will be dismissed from the team.
3. **CONDUCT:** Any player reported to be using drugs (tobacco, alcohol, etc.) or possession of paraphernalia, substantiated by more than one witness, will be dismissed. **All chosen team members hereby agree to submit to a drug screening, in order to warrant team eligibility. This testing will be conducted PRIOR to team selection. There will be a \$5.00 charge for the test kit, payment MUST be made on or before your testing date or application will be deemed incomplete.**
4. **RANDOM DRUG SCREEN:** A second randomly timed drug screening may be performed after selection of official team roster. If a player tests positive for any illegal substance, the player shall be immediately dismissed from the Salish and Kootenai All Star team and be relieved of any further obligation to the team.
5. **PARENT RESPONSIBILITY:** Any player who disobeys the rules set forth may be disqualified from participation at any time. **If disqualification arises during travel, the player will be sent home AT THE PARENT'S EXPENSE.** Parent's failure to comply with this will disqualify future participation of other family members until payment is made.

We, the undersigned, have read the goals and rules stated herein and hereby accept and agree that these rules are necessary for the protection and enjoyment of every participant of the All-West Native American Basketball Classic.

Player/Participant Signature

Date

Parent/Guardian Signature

Date

ASSUMPTION OF RISK AGREEMENT AND PARENTAL RELEASE

I, _____ (*Parent/Guardian*), give my permission for the following youth to be transported by the Salish and Kootenai Housing Authority to attend and participate in the activities as defined below:

Youth Name: _____ Age: _____ Grade: _____
Youth Name: _____ Age: _____ Grade: _____
Youth Name: _____ Age: _____ Grade: _____

ACTIVITY: *2020 Salish & Kootenai All-Star Team activity within the State of Montana and in Lakewood, Colorado, beginning on March 16, 2020 and ending on April 5, 2020, for preparation and participation in the All-West Native American 100 Basketball Classic. This includes the duration of team tryouts, to participation and travel to the tournament.*

(Initial)

_____ I know and understand that participation is voluntary and I release and discharge the Salish & Kootenai Housing organization, staff, chaperones, and the Confederated Salish & Kootenai Tribes from any liability resulting from or arising out of any incident, or in participating in drug-free activities sponsored by Salish & Kootenai Housing Authority.

_____ I hereby affirm that the said participant(s) is/are in good physical condition and does not/do not suffer from any physical disabilities that would prevent them from participating in these activities.

_____ If I am unable to accompany above-named youth(s), I give permission for Salish & Kootenai Housing Authority chaperones to be responsible for said youth(s) and to seek medical attention if deemed necessary.

I hereby affirm that I have read, understand, and willingly agree to allow above-named youth(s) to participate in the activity defined.

Parent/Guardian Signature

Date

EMERGENCY TREATMENT

PARTICIPANT: _____ **S.S#:** _____ **D.O.B:** _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination, and immunization for the above-named student. In the event of serious illness, the need for major surgery, or of significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible.

If said physician is unable to communicate with me, the treatment necessary for the above-named student will be administered.

In the event that an emergency arises during the practice session, an effort will be made to contact me as soon as possible.

Permission is also granted to the athletic trainer, coaches, or advisors to provide the needed emergency treatment for the participant prior to her/his admission to a medical facility.

Parent/Guardian Signature **Date**

PARENT/LEGAL GUARDIAN #'s: _____ **(Home)** _____ **(Cell)** _____ **(Other)**

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PARENT/LEGAL GUARDIAN'S OCCUPATION: _____

PARENT/LEGAL GUARDIAN'S WORK ADDRESS: _____

REGULAR PHYSICIAN'S NAME#: _____

MEDICAL INSURANCE CARRIER (*Insurance Company*): _____

INSURANCE ID #: _____

OTHER EMERGENCY CONTACT: _____

OTHER EMERGENCY CONTACT #'s: _____ **(Home)** _____ **(Cell)** _____ **(Other)**

List any existing health conditions or medications specific to the youth(s) participating, as well as any major surgeries or treatments that were administered in the past 5 years.

ELIGIBILITY VERIFICATION

HIGH SCHOOL ENROLLMENT

I hereby affirm that _____ (Participant Name) is currently enrolled and in good standing in the following high school:

SCHOOL NAME: _____

I have verified his/her most current grade point average as listed below:

GRADE POINT AVERAGE: _____

ADDITIONAL COMMENTS: _____

Principal Signature

Date

TRIBAL AFFILIATION

Verification of enrollment in a Federally Recognized Tribe or verification of being a 1st generation descendent of a Federally Recognized Tribe **MUST BE ATTACHED** or application will be deemed incomplete.

I hereby affirm and have attached verification of the following:

_____ Participant, with **Tribal ID#** _____, is an enrolled member of the _____ Tribe.

_____ Participant is a 1st generation descendent of the _____ Tribe.

Enrolled Member Signature

Date

DRUG SCREENING

I hereby affirm that _____ has completed the required drug screen and has paid the \$5 fee to meet eligibility requirements for the 2020 Salish & Kootenai All-Star Team.

SKHA Employee Signature

Date