



2024 PLAYER PACKET

SPRING/SUMMER

NORTHWEST MISSOURI TEAMS

13U-14U-16U-17U BOYS

OUR MISSION

Missouri Mavericks Basketball is an organization that provides a platform for youth players to develop, connect, and succeed! We go above and beyond to provide as many resources as possible, including expert coaching, skill breakdown, and networking opportunities. We hope that players not only develop their game, but also establish friendships that will last a lifetime!



NORTHWEST MISSOURI TEAMS
SPRING 2024 SCHEDULE (SUBJECT TO CHANGE)

DATE	EVENT	LOCATION
Thurs, April 4	<i>Practice #1</i>	TBD
Sat, April 6	<i>Practice #2</i>	TBD
Sun, April 7	<i>Practice #3</i>	TBD
Thurs, April 11	<i>Practice #4</i>	TBD
Sat, April 13	<i>Practice #5</i>	TBD
Sun, April 14	<i>Practice #6</i>	TBD
Thurs, April 18	<i>Practice #7</i>	TBD
Sat-Sun, April 20-21	HMW Capital City Battle	Jefferson City/Linn, MO
Thurs, April 25	<i>Practice #8</i>	TBD
Sat-Sun, April 27-28	KCP/PHS Press Breaker	Parkville, MO
Thurs, May 2	<i>Practice #9</i>	TBD
Sat-Sun, May 4-5	HMW Battle for Mid MO	Jefferson City/Linn, MO
Thurs, May 9	<i>Practice 10</i>	TBD
Sat-Sun, May 11-12	KCP Summer Preview	Shawnee Mission, KS
Thurs, May 16	<i>Practice #11</i>	TBD
Sat-Sun, May 18-19	HMW Branson Border Battle	Branson, MO

NORTHWEST MISSOURI TEAMS
SUMMER 2024 SCHEDULE (SUBJECT TO CHANGE)

DATE	EVENT	LOCATION
Thurs, May 30	<i>Practice #1</i>	TBD
Sat, June 1	<i>Practice #2</i>	TBD
Sun, June 2	<i>Practice #3</i>	TBD
Thurs, June 6	<i>Practice #4</i>	TBD
Sat, June 8	<i>Practice #5</i>	TBD
Sun, June 9	<i>Practice #6</i>	TBD
Thurs, June 13	<i>Practice #7</i>	TBD
Sat-Sun, June 15-16	KCP 3-Stripes	Shawnee Mission, KS
Thurs, June 20	<i>Practice #8</i>	TBD
Sat, June 22	HMW Meltdown	Jefferson City/Linn, MO
Thurs, June 27	<i>Practice #9</i>	TBD
Sat-Sun, June 29-30	HMW Great American Shootout	Branson, MO
Thurs, July 11	<i>Practice #10</i>	TBD
Sat-Sun, July 13-14	MAYB Tourney	Pella, IA
Thurs, July 18	<i>Practice #11</i>	TBD
Sat-Sun, July 20-21	MAYB Tourney	Kansas City, KS
Tues, July 25	<i>Practice #12</i>	TBD
Sat-Sun, July 27-28	HMW Quincy Challenge	Quincy, IL

COST TO PLAY:

SPRING SEASON -- \$595

SUMMER SEASON -- \$695

SPRING + SUMMER SEASON -- \$1,190 (Save \$100)

GEAR SET -- \$180 (NEW PLAYER ONLY—ONE TIME FEE)

If you are offered a roster spot, you will need to do the following:

- Verbally committed to spring, summer, or both by **March 9, 2024**
- First payment must be made by **March 16, 2024** in order to guarantee a roster spot
- If not paying IN FULL at the time of invitation, a minimum NON REFUNDABLE deposit is required to guarantee a roster spot. Deposit amounts, as follows:

SPRING -- \$350

SUMMER -- \$350

SPRING & SUMMER -- \$450

*Final spring balance must be paid off BEFORE **May 1, 2024**

*Final summer balance must be paid off BEFORE **July 1, 2024**

*Final spring & summer balance must be paid off BEFORE **July 1, 2024**

SIGN-UP DOCUMENTS---DETACH HERE...

2024 Sign-Up Paperwork

Player Name:
Address

Mom:

Dad:

CITY

ZIP

Player Cell:
Player Email:

Mom Cell:
Mom Email:

Dad Cell:
Dad Email:

Current Grade (2023-24 School Year):
Graduation Year:

Height:

Weight:

Position:

GPA:

ACT:

ACADEMIC ACHIEVEMENTS:

2023-24 MIDDLE SCHOOL/HIGH SCHOOL STATS (IF AVAILABLE)

PPG:

RPG:

PLAYER GEAR SIZES (Please Circle):

Jersey:	YL	YXL	S	M	L	XL	2XL	3XL
Shorts:	YL	YXL	S	M	L	XL	2XL	3XL
T-Shirt:	YL	YXL	S	M	L	XL	2XL	3XL

WAIVER OF LIABILITY

I/we, _____, parents of _____, hereby waive Missouri Mavericks Basketball, its coaches, director, and subcontractors, of any and all liability for injury or illness that occurs as a result of our child's participation in the program.

Parent/Guardian 1

Date

Parent/Guardian 2

Date

PERMISSION TO TREAT: We hereby grant Missouri Mavericks Basketball, its coaches, director, and subcontractors' permission to seek medical treatment for our child in the event of an injury, illness, or emergency that occurs when our child is in the care of coaches, directors, or other parents when we are either not present or cannot be contacted.

Parent/Guardian 1

Date

Parent/Guardian 2

Date

INSURANCE CARRIER: _____

PLAN # _____

POLICY NUMBER: _____

KNOW MEDICAL CONDITIONS:

PRESCRIPTION MEDICATIONS AND DOSAGES:

DOCTOR: _____

DOCTOR PHONE # _____

MEMORANDUM OF UNDERSTANDING

1. We understand and accept the playing time policy put into place by Missouri Mavericks Basketball and will abide by the decisions made by the head coach.

_____ PARENT/GUARDIAN 1	_____ DATE	_____ PARENT/GUARDIAN 2	_____ DATE
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2. We recognize that changes to practice/tournament locations can change as the 2024 spring & summer schedules are released. We understand that DATES ARE FIRM, BUT LOCATIONS ARE FLUID.

_____ PARENT/GUARDIAN 1	_____ DATE	_____ PARENT/GUARDIAN 2	_____ DATE
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3. We understand that any and all payments made CANNOT be refunded for any reason after JULY 1, 2024, due to fixed expenses associated with the program. However, we will receive a 100% refund if a team dissolves after we have committed.

_____ PARENT/GUARDIAN 1	_____ DATE	_____ PARENT/GUARDIAN 2	_____ DATE
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4. We understand that at the director's discretion, a refund may be issued if our child is injured or becomes ill as some act of God between the commitment to play and the beginning of the program. All monies may be refunded before the outset of the program if a player is unable to play for medical reasons, not including a simple change of mind. Medical reason must be documented by a family physician.

_____ PARENT/GUARDIAN 1	_____ DATE	_____ PARENT/GUARDIAN 2	_____ DATE
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NEW PLAYERS: Please submit copies of the following documents to complete the registration process:

- Photo ID (Driver's License or Student ID)
- Insurance Card
- Birth Certificate
- Fall 2023 Report Card