

Boys and Girls Born 1995-2001

Separate boys' and girls' leagues if sufficient number of registrations received. (May be coed if necessary).

\$70.00 FEE INCLUDES T-SHIRT UNIFORM, PICTURES, COACH, PRACTICES AND GAMES

- 10 WEEK PROGRAM THAT INCLUDES PRACTICES, LEAGUE GAMES AND AWARDS
- EACH TEAM IS COACHED BY TRAINED VOLUNTEERS OR RECREATION STAFF
- EVERYONE PLAYS
- EXPERIENCE TEAMWORK AND COOPERATION WHILE DEVELOPING FUNDAMENTAL BASKETBALL SKILLS
- PRACTICES BEGIN THE WEEK OF DECEMBER 7, 2009.
- GAMES PLAYED SATURDAYS AT SAN DIMAS HIGH SCHOOL GYM BEGINNING JANUARY 9, 2010.
- REGISTER NOW THROUGH DECEMBER AT SAN DIMAS CITY HALL 245 E. BONITA AVENUE MONDAY-THURSDAY 7:30 AM- 5:30 PM AND FRIDAY 8:00 AM -5:00 PM OR MAIL IT IN TO: SAN DIMAS PARKS AND RECREATION DEPARTMENT 245 E. BONITA AVE. SAN DIMAS, CA 91773

Draft Information

Division "A" and "B" players must be present on **Sunday, November 22** at San Dimas High School Gymnasium in order to be placed on a team.
DIVISION "B" 1:00 pm DIVISION "A" 2:00 pm

DIVISION A	DIVISION B	DIVISION C
BORN IN 1995, 1996, 1997 IN A GRADE NO HIGHER THAN 8 th Practice times vary for individual teams.	BORN IN 1997, 1998, 1999 IN A GRADE NO HIGHER THAN 6 th Practice times vary for individual teams.	BORN IN 1999, 2000, 2001 IN A GRADE NO HIGHER THAN 4 th Practice times vary for individual teams. Allen, Ekstrand, Gladstone, Shull

Youth Basketball for Boys and Girls

Participant _____ Birthdate ___/___/___ Grade _____ Div _____

Parent/Guardian _____ Home Phone (_____) _____

Address _____ Work Phone (_____) _____

E-mail Address: _____

"C" Division Team: Allen _____ Ekstrand _____ Gladstone _____ Shull _____

T-Shirt Size: Youth: small _____ medium _____ large _____ **Adult:** small _____ medium _____ large _____

School Attending: Allen _____ Ekstrand _____ Gladstone _____

Lone Hill _____ Shull _____ Other: _____

Liability Waiver (must be signed by participant or by parent/guardian):

I fully understand that my participation, or that of the minor in my custody as registered, in the above-mentioned activity, presents exposure to the risk of personal injury, death or property damage. I hereby acknowledge that participation in this event/class is voluntary and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of San Dimas, its officers, agents, employees or volunteers for any injury, death or damage to or loss of personal property arising out of, or in connection with, participation in the event/class from whatever cause, including the active or passive negligence of the City of San Dimas, its officers, agents, employees or volunteers or any other participants in the event/class. In consideration for being permitted to participate in the event/class, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of San Dimas from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class. I also agree and acknowledge that participant may be photographed while participating, and release use of the photographs for reproduction in City sponsored publications. I further agree to direct my child to conform to the fullest with the instructions of the recreation officials in charge. I have carefully read this release, hold harmless and agreement not to sue, and fully understand its contents. I am aware that it is a full release of all liability and sign it on my own free will.

Family Physician _____ Telephone (_____) _____ Coverage _____

Insurance Company _____ Group# _____

Participant's medical history (epilepsy, diabetes, allergies, etc.) _____

Emergency numbers other than parents 1. _____ Phone (_____) _____

2. _____ Phone (_____) _____

Consent to Treatment of Minor (must be completed for minor)

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the City of San Dimas and its employees or volunteers, when neither the parents, guardians, or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code # 25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the state of California.

Signature of Parent or Guardian

Date