



City of San Dimas
 Parks and Recreation Department
 909-394-6230



Parents!!

Consider coaching! Your experience and enthusiasm for basketball are wanted in this league.

Youth Basketball Volunteer Coaches Interest Form

Name _____

Home Telephone _____ Cell Phone _____

Address _____

City _____ Zip _____

Child's Name _____

Male _____ Female _____ Age _____ Division _____

Please answer each of the following questions to the best of your ability:

1. Why would you like to coach in our league _____

2. What previous coaching experience have you had? When and where? _____

Signature _____ Date _____

Games played at San Dimas High School Gymnasium

★ **San Dimas** ★

Boys and Girls

2014

Youth Basketball



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"This material was not prepared by the Bonita Unified School District. Any programs and/or events described herein are not necessarily endorsed and will not be supervised by the Bonita Unified School District."





Boys and Girls

3RD- THROUGH 8TH GRADE



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

\$80.00 FEE INCLUDES T-SHIRT UNIFORM, PICTURES, COACH, PRACTICES & 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 SPORTSMANSHIP WHILE LEARNING FUNDAMENTAL SKILLS
- PRACTICES BEGIN THE WEEK OF DECEMBER 15, 2014.
- **GAMES PLAYED SATURDAYS AT SAN DIMAS HIGH SCHOOL GYMNASIUM BEGINNING IN JANUARY.**
- REGISTER NOW THROUGH DECEMBER AT SAN DIMAS CITY HALL

245 E. BONITA AVE. SAN DIMAS, CA 91773
MONDAY-THURSDAY 7:30 AM- 5:30 PM AND FRIDAY 8:00 AM -5:00 PM

Draft Information

Division "A" and "B" players must be present on
Sunday, December 14

at San Dimas High School Gymnasium, 800 W. Covina Blvd. San Dimas CA
91773

in order to be placed on a team

DIVISION "B" 10:00 am DIVISION "A" 11:00 am

DIVISION A	DIVISION B	DIVISION C
IN GRADES 7th- 8th Practice times vary for individual teams.	IN GRADES 5th- 6th Practice times vary for individual teams.	IN GRADES 3rd- 4th 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 _____ Other _____

T-Shirt Size: Youth: Small ___ Medium ___ Large ___ **Adult:** Small ___ Medium ___ Large ___

School Attending: Allen _____ Ekstrand _____ Gladstone _____ Shull _____
Lone Hill _____ 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