



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**

**2016**

**Youth Basketball**



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



**Parks  
 Make  
 Life  
 Better!**

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# 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 JERSEY, 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 5, 2016.
- **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 4**

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 \_\_\_\_\_ Cell 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