



YUBA CITY PARKS & RECREATION DEPARTMENT
2010 WINTER
YOUTH/TEEN BASKETBALL PROGRAM

January 11 – March 6 (Games start January 23)

Practice begins the week of January 12

Registration Deadline: THURSDAY, November 5 by 6pm
Postmarks Not Accepted After Deadline



Late registration will be taken on a space available basis only with a **late fee of \$10 per participant.**

Scholarships available for Sutter County Residents and must be submitted a week before the deadline

FEE: \$70 – YUBA CITY Residents \$80 – Non-Residents

\$5 discount for second child

(Must be immediate family and live at same residence.)

No special requests will be taken for coaches or transportation purposes. Volunteer coaches will have their own children on their team. Teams will be divided as evenly as possible by all schools that are represented. Players who participate on a competitive school team will be divided evenly among the teams in their division. Team placement by staff is final. Please be sure of your willingness to participate under these guidelines prior to registration.

Refunds: 50% of fee refunded before first game. NO REFUNDS after first game. YCPRD will not be responsible for any trophies not picked up 30 days after last scheduled game.

Coaches meeting is held mid-December, so you should be contacted by January 6, 2010.

Our 2010 Youth and Teen Basketball Program is designed for boys and girls born 1995 – 2002. Emphasis is placed on participation, fundamentals, teamwork and the development of self-esteem. The success of individual teams is measured in these areas and not by wins and losses. League standings are not recorded.

DIVISIONS: In recognizing the developmental diversity of children, players are allowed to “play up” or “play down” one year if desired. Divisions are **Boys/Girls Minors (Born 2001-2002), Boys/Girls Majors (Born 1999-2000, Boys Seniors (Born 1997-1998), Boys Teen (Born 1995-1996) and Girls Seniors (1996 – 1998).** Divisions may be combined if there are insufficient numbers in any one division.

LEAGUE INFORMATION: A seven game schedule will be played Saturday mornings and afternoons at various Yuba City schools. Teams will practice a maximum of 1 hour per week, with practices being determined by each individual coach. **Practices will be held at various Yuba City Unified Schools and/or Sutter County Schools.**

FOOTWEAR AND CLOTHING: Participants must wear appropriate, non-marking, non-scuffing gym shoes. Players who are discovered wearing shoes that mark or scuff the gym floor will not be allowed to continue to play until they have changed into appropriate shoes. Players must also wear gym-type shorts or sweat pants while playing (no street clothes).

VOLUNTEER COACHES NEEDED: We are looking for **volunteer coaches** who can provide a good environment for children to learn basketball skills, sportsmanship and teamwork. Fingerprinting is required to coach and paid for by the City of Yuba City. Please call Lynda at 822-4653 early if you are interested in order to get fingerprinted in a timely manner before the season begins. Once the City fingerprints you, you are not required to go through the process again.



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 Registration & Participation Waiver Form

Please check appropriate box:
 I would like to be a volunteer coach –
 Yes No

*NOTE: Participant(s) or legal guardian must complete waiver form in its entirety prior to the first class meeting.
 My child, _____, birthdate _____, grade _____,
 School _____, has my permission to participate in the in the 2010 Winter Youth/Teen Basketball Program sponsored by the Yuba City Parks & Recreation Department.

T-SHIRT SIZE
 Youth Medium (10-12) _____ Adult Large _____
 Youth Large (14-16) _____ Adult XL _____
 Adult Small _____ Adult XXL _____
 Adult Medium _____ *sample sizes at YCPRD

BOYS DIVISION	GIRLS DIVISION
_____ Minor (Born 2001-2002)	_____ Minor (Born 2001-2002)
_____ Major (Born 1999-2000)	_____ Major (Born 1999-2000)
_____ Senior (Born 1997-1998)	_____ Senior (Born 96-97-98)
_____ Teen (Born 1995-1996)	
EMAIL : _____	

Parent/Guardian: _____ Phone: Home _____ Work _____
 Address: _____ City: _____ Zip: _____

Complete emergency information on who to contact immediately if parent/guardian cannot be reached.
 Name: _____ Phone: _____

Please list any special needs due to a physical or mental disability: _____

CITY OF YUBA CITY
 PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of permitting the above named participant(s) to enroll in and participate in the above class(es) given, taught or sponsored by the City of Yuba City ("CITY"), the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury (including death) or property damage occurring to him/herself arising as a result of participating in or receiving instructions in said activity or any incidental activities. The Undersigned agrees that under no circumstance will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury (including wrongful death) or property damage against CITY or any of its officers, agents, servants or employees for any of said or officers, agents, servants or employees for any of said or similar causes of action, including those which arise by the negligence of CITY or any of said persons. IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE CITY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. The Undersigned further agrees to defend, indemnify and to hold harmless the CITY, its officers, employees, and agents, from any loss, liability, damage, cost, or expense arising out of the participation in said activity. The Undersigned acknowledges that he/she, has been fully and completely advised of the potential dangers incidental to engaging in the activity, fully and voluntarily assumes the risks of engaging in the activity. The Undersigned has read this document and is fully aware of the legal consequences of signing it.

Yuba City Parks and Recreation Department reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of Yuba City Parks and Recreation and may be used for publicity and promotional services.

I, as the parent or guardian of the participant, acknowledge that I have read this Waiver, Release, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

Date: _____ Print name of Parent/Guardian _____

Signature of Parent/Guardian _____

CONSENT TO MEDICAL TREATMENT OF MINOR:
 I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the City of Yuba City provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Name of Personal Physician _____ Doctor's Phone Number _____

Signature of Parent/Guardian _____

Please return this form with payment to: City of Yuba City – Parks & Recreation Dept.
 1300 Franklin Road, Yuba City, CA 95993
 (530) 822-4650 Register On-Line at: www.yubacity.net

Receipt # _____