



# Youth Basketball



This is a recreational basketball league for boys and girls in the K - 8<sup>th</sup> grade (approximate ages 5 – 14) that places an emphasis on recreation principles, such as **teamwork, good sportsmanship, positive self esteem, and having fun!** Practice may start in December and games will be on Thursday (10-11) and Friday nights (12-14) or Saturday mornings (5-7/8-9). Starting January 11 and running until February 17.

**Who:** Boys & Girls K - 8th Grade  
 K & 2nd Grade Division (~ 5-7 yrs)  
 3rd & 4th Grade Division (~ 8-9 yrs)  
 5th & 6th Grade Division (~ 10-11 yrs)  
 7th & 8th Grade Division (~ 12-14 yrs)

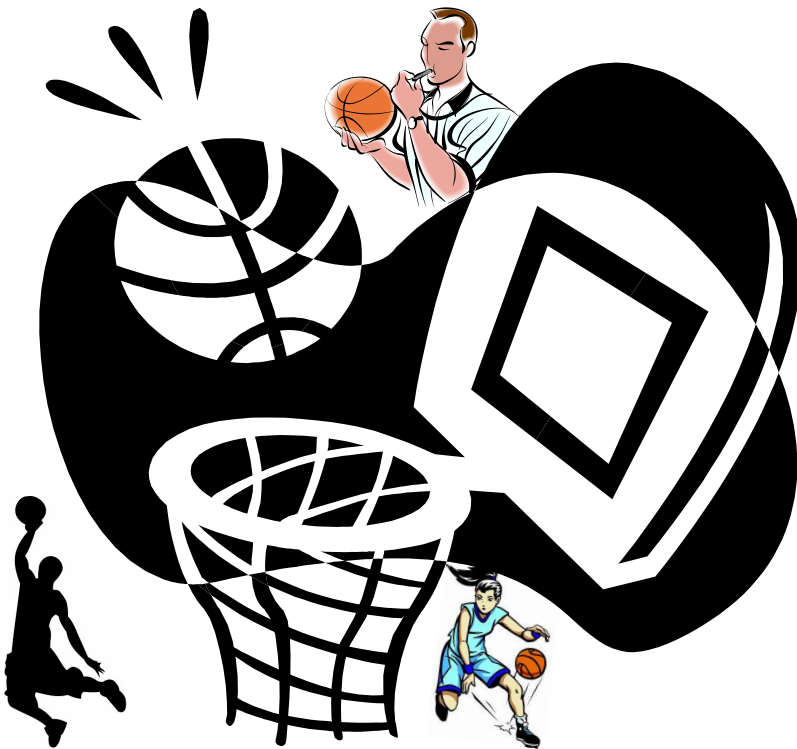
**Register:** September—January 12th

**Location:** Recreation Office, City Hall  
 1700 7Th Street

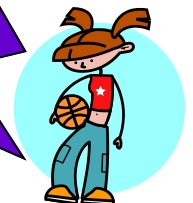
**Cost:** Sept –Oct \$25  
 Nov. \$30  
 \$35, December  
 \$40, January



**Contact:** Joaquin Zamora  
 559-876-6300 x2  
 Recinfo@ci.sanger.ca.us  
 www.cityofsanger.net



**Looking for volunteers!** There are many benefits to volunteering; mainly being the personal satisfaction of giving back to the youth in the community. One child plays for free as well! No coaching experience necessary! For safety reasons, all volunteers must pass a fingerprint check. This may take some time so please start the process early! Please contact the office soon for more detailed information.



# City of Sanger – Parks & Recreation Division Youth Basketball– Registration Form



Please return this to the Parks & Recreation Office located at 1700 7<sup>th</sup> Street or call 876-6300 x1430 for more information. Thank you for your consideration.

## Participant Information

Name \_\_\_\_\_ Gender: M F  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ (as of 1/1) Division: 5-7 8-9 10-11 12-14  
 Preferred position (s) \_\_\_\_\_  
 Overall skill/experience: 1=Beginner 2=Intermediate 3=Advanced  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Shirt Size - Youth: S M L  
 or Shirt Size - Adult: S M L XL

## Primary Parent/Guardian Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Interested in Coaching? Yes No  
 Circle one: Head or Assistant

## Secondary Parent/Guardian Information

Name *\_(if different than above)\_* \_\_\_\_\_  
 Address *(if different than above)* \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Interested in Coaching? Yes No  
 Circle one: Head or Assistant

### LIABILITY RELEASE AND WAIVER : MUST BE READ & SIGNED OR FORM WILL BE REJECTED

I/We, the parents of the above named child, hereby give my/our approval of his/her participation in the above named class or event. I/We are fully aware and understand that the Sanger Recreation Department, The City of Sanger or its agents will not provide any accident insurance during his/her participation in the program. I/We will be responsible to provide insurance and assume all risk and hazards incidental to such participation, including transportation to and from the activity; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Sanger, the Sanger Recreation Department, the organizers, sponsors, supervisors, participants and person/company transporting my/our son/daughter to or from the activity, for any claim arising out of an injury to my son/daughter. I/We, the parents of the above named child, do hereby give consent for the Sanger Recreation Department to use any photos taken at the event of my child for publicity purposes.

Consent is hereby given for either person in charge of the activity, or if required, to the attending physician to perform first aid or take any other emergency action deemed necessary to protect the health and safety of the above named child.

By my signature below, I hereby certify and acknowledge that I have read this document and understand each and every paragraph contained in this waiver. I am aware that this is a full release of liability on behalf of the City of Sanger as described above and sign it of my own free will.

PARENT / GUARDIAN Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

For official use only:	Received by: _____	Date: _____	Entered in RecTrak: _____
Paid: Yes or No	Payment Type: cash or check (# _____)	Other: _____	
Notes: _____			