

El Cerrito Youth Basketball

REGISTRATION FORM

- ✓ PRACTICES BEGIN WEEK OF MONDAY, NOVEMBER 16, 2009
- ✓ CONTINUOUS REGISTRATION AS SPACE ALLOWS

El Cerrito Residents	\$150.00	Non-Residents	\$187.50
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PRACTICE SCHEDULE (Portola Middle School Gym):

- _____ Boys 3-5 Grades, Monday/Wednesday, 5:30-6:30pm
- _____ Boys 6-8 Grades, Monday/Wednesdays, 6:30-7:30pm
- _____ Girls 3-5 Grades, Tuesday/Thursday, 5:30p-6:30m
- _____ Girls 6-8 Grades, Tuesday/Thursday, 6:30p-7:30m

In order to make balanced teams and ensure productive practices, if enrollment exceeds 24 players for any age group, a draft will be held during practice time and half of the group will be assigned to a new practice time slot.

The Saturday "Pick-Up" Game schedule will be available once enrollments are finalized. Each group will be assigned a 1-hour time on a rotating basis between 9:00am and 5:00pm beginning on Saturday, December 12, 2009 at Tehiyah School.

Player's Name: _____

Jersey Size:

Youth

- Small Med Large

Adult

- Small Med Large XL

YES! I want to volunteer.

Name: _____

I Can:

- COACH
- ORGANIZE SNACKS
- ORGANIZE PHONE TREE
- OTHER _____

(OVER)

CITY OF EL CERRITO RECREATION DEPARTMENT
EMERGENCY AND IDENTIFICATION INFORMATION (To Be Completed by Parent or Guardian)

Child's Name

Child's Birthrate

Home Address

Home Phone

Mother's/Guardian's Name

Place of Employment

Work Phone/Cell Phone

Father's/Guardian's Name

Place of Employment

Work Phone/Cell Phone

Person Responsible for Child

Other Pertinent Address

Home/Work/Cell Phone

Name/Relationship (ie. Father, Mother, Guardian)

(If different from child's home address and phone)

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY/ ADDITIONAL PERSONS TO BE CALLED IN AN EMERGENCY IF PRIMARY CONTACT IS UNAVAILABLE (Child will not be allowed to leave with any other person without written authorization from parent/guardian. Persons unknown to staff must show ID when picking up child)

Name

Home Phone/Work Phone/Cell Phone

Relationship to Child

MEDICAL EMERGENCY INFORMATION
Please Review our Program Emergency Procedures in the Program Information Packet

If a medical emergency occurs EMS (911) will be called. List any information that the paramedics should be aware of:

As the parent/guardian of (name of child) _____, I recognize and acknowledge that there are certain risks inherent in my child's participation in the El Cerrito Recreation Department program, including the risk of injury to my child. I hereby agree to assume those risks. Towards that end, to the extent permitted by law, I hereby release in advance the City of El Cerrito, its officers, employees, agents and volunteers from any and all liability to me or my child arising out of, or connected in any way with, my child's participation in the day camp program, even though that liability may arise out of the negligence or carelessness of the City of El Cerrito, its officers, employees, agents and volunteers. Additionally, to the extent permitted by law, I hereby agree to indemnify the City of El Cerrito, its officers, employees, agents and volunteers against any liability, loss damage, expenses and costs of every nature arising out of, or in connection with, my child's participation in the program. I have read and fully understand the terms of this Waiver, Release and Indemnity. **Refunds:** There are no refunds for activities sponsored by the City of El Cerrito unless a medical emergency occurs or the activity is canceled due to lack of enrollment. **Photos:** I agree to have photographs, films, videotapes or tape recordings taken of me or minor child registered under my signature while participating in the City of El Cerrito programs. I permit these photographs, films, videotapes or tape recordings to be released, to be used in publications, promotional materials, web site and for other public information purposed by the City of El Cerrito.

Type Name: _____

Date: _____

By clicking this box, I agree to the terms of this Emergency Form