



**BOYS & GIRLS CLUBS  
OF GREATER SANTA ROSA**

# 2011-2012 Co-ed Basketball League

All Girls & Boys, ages 5-13

3 Leagues: ages 5-7, 8-9 and 10-13

**Everyone Plays!**

**No Player is Cut!**



	<b>Registration:</b> Aug. 29-Nov.28
	M-F 2:00-6:00 PM
	<b>Skills Evaluation:</b> Nov 16 & 18
	Nov. 16 <u>Ages 5-7</u> <u>Last Name</u>
	6 - 7 PM      A - L
	7 - 8 PM      M - Z
	Nov. 18 <u>Ages 8-9</u>
	6 - 7 PM      A - L
	7 - 8 PM      M - Z
	Nov. 18 <u>Ages 10-13</u>
	7 - 8 PM      A - L
	8 - 9 PM      M - Z
	<b>Practices Begin:</b> Week of Dec. 5
	<b>Games Begin:</b> Week of Jan. 2



## Register Now!

Boys and Girls Clubs of Greater Santa Rosa  
1011 Hahman Drive

**Sponsor a Team**  
Company Name on  
Jerseys

# Call 542-3249

**Be A Hero**  
Coach a Team



**BOYS & GIRLS CLUBS  
OF GREATER SANTA ROSA**



# 2011-2012 Co-ed Basketball League Registration Form

Child's Name: \_\_\_\_\_ Boy / Girl Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Ethnicity: African American Asian/Pacific Islander Caucasian Hispanic Native American Other (Please Specify): \_\_\_\_\_

Disability/Medication/Allergies/Special Circumstance (if any): \_\_\_\_\_

Living with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Guardian

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

***All League payments are final.*** If your child chooses not to participate in the program he/she registered for, a refund will **not** be given. If your child is suspended or expelled from a program, a refund will **not** be given. The undersigned in consideration of participation in this program grant permission to the Boys and Girls Clubs of Greater Santa Rosa to record and use photographs, images or biographical information of the above-named member to be used for public relations, fundraisers, or marketing purposes. I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. And I waive any right to royalties or other compensation arising from or related to the use of the photograph, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced of the finished product. I hereby waive all claims against and release and hold harmless the Boys and Girls Clubs of Greater Santa Rosa (BGCSR), its board members, sponsors, employees, agents, attorney, successors, and assigns from and against any and all claims, damages, liabilities, causes of action, losses, costs and expenses, including reasonable attorney's fees arising out of or in connection with my child's participation in the BGCSR program including any personal injuries, death, loss of or loss of use, or damage to property which may be the result of negligence or wrongful conduct on the part of BGCSR and/or a sponsor and/or the hosts.

**I HAVE READ AND AGREE WITH THE ABOVE CONTRACT AND FULLY UNDERSTAND THAT I ASSUME ALL RISK FOR ANY INJURIES OR LOSS OF PROPERTY RECEIVED**

Parent Name (print): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WE ASK AND ENCOURAGE ACTIVE PARTICIPATION OF ALL OUR PARENTS.  
CHECK THE AREA(S) IN WHICH YOU ARE ABLE TO HELP.**

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Score Keeper \_\_\_\_\_ Individual or Company Sponsor (\$300) \_\_\_\_\_

### Emergency Medical Treatment Consent Form:

In case of accident or illness involving \_\_\_\_\_, if I or another responsible party cannot be reached at the phone numbers listed on the emergency contact form, I hereby give my permission that a care provider may perform reasonable medical services that are deemed necessary in the circumstances. I understand that I am financially responsible for any and all expenses incurred for medical treatment for my child.

Preferred Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Number: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_