



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

2009-2010 Co-ed Basketball League

Join the Fun!

Everyone Plays!

No Player is Cut!

All Girls & Boys, ages 6-12
3 Leagues: ages 6-7, 8-9 and 10-12



	Registration: Aug. 31-Oct. 30
	M-F 2:00-6:00 PM
	Skills Evaluation: Nov 9, 11 & 12
	Nov. 9 <u>Ages 6-8</u> <u>Last Name</u>
	6 - 7 PM A - L
	7 - 8 PM M - Z
	Nov. 11 <u>Ages 9-10</u>
	6 - 7 PM A - L
	7 - 8 PM M - Z
	Nov. 12 <u>Ages 10-13</u>
	6 - 7 PM A - L
	7 - 8 PM M - Z
	Practices Begin: Week of Dec. 7
	Games Begin: Week of Jan. 4



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**



2009-2010 Co-ed Basketball League Registration Form

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

Address: _____ City: _____ Zip: _____

Phone: _____ School: _____

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, no refunds. 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: _____