

# 2022-2023 ATASCADERO YOUTH BASKETBALL LEAGUE



Registration Deadline: October 24<sup>th</sup>

Cost: \$105 residents, \$115.50 non-residents (\$10 late fee after 10/24/22)

**Select Grade/Division (check one):**

- ☐ Kinder Coed    ☐ 1<sup>st</sup> & 2<sup>nd</sup> Coed  
☐ 3<sup>rd</sup> & 4<sup>th</sup> Girls    ☐ 3<sup>rd</sup> & 4<sup>th</sup> Boys  
☐ 5<sup>th</sup> & 6<sup>th</sup> Girls    ☐ 5<sup>th</sup> & 6<sup>th</sup> Boys  
☐ 7<sup>th</sup> & 8<sup>th</sup> Girls    ☐ 7<sup>th</sup> & 8<sup>th</sup> Boys

**Select Shirt Size (check one):**

- ☐ Youth Small    ☐ Adult Small  
☐ Youth Medium    ☐ Adult Medium  
☐ Youth Large    ☐ Adult Large  
☐ Adult X-Large

**AGE:** \_\_\_\_\_

**Experience (check all that apply):**

- ☐ Child has played in Atascadero Rec League before  
☐ Child has played on a Club or Travel Basketball Team before  
☐ Child has never played before

Player Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: ☐ M ☐ F

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

School: \_\_\_\_\_ Parent Email (required): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone #: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Cell Phone #: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

**CHILD'S HEIGHT:** \_\_\_\_\_ **CHILD'S WEIGHT:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

## COACHING INFORMATION

Yes, I would like to help! ☐ Head Coach ☐ Asst. Coach

Name of person volunteering: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Have you filled out a coaching application: Y N

## TEAM SPONSOR INFORMATION

Yes, I would like to sponsor! (each team is responsible to secure a team sponsor)

Name of sponsor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Have you filled out a sponsor application: Y N

### Office Use Only

Activity # Based on Division    Paid \$ \_\_\_\_\_    Date: \_\_\_\_\_    Scholarship (circle)

**\*\*TURN OVER\*\***

## RELEASES OF LIABILITY FOR MINOR PARTICIPANTS

**\*PLEASE READ CAREFULLY & COMPLETELY\***

I/we hereby grant consent to any and all health care providers designated by the City of Atascadero, Department of Community Services, Recreation Division to provide my child any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**IN CONSIDERATION OF \_\_\_\_\_, my minor child/ward ("my child"), being allowed to participate in any way in the City of Atascadero, Department of Community Services, Recreation Division Youth Sports Program, related events and activities,**

The undersigned acknowledges, appreciates and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE CITY OF ATASCADERO or other, and assume full responsibility for my child's participation; and,
3. I willing agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention to the nearest official immediately; and,
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owner and lessors of premises used to conduct the event (Releases), WITH RESPECT TO ANY AND ALL INJURY DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in the programs, WHETHER ARISING FROM THEIR NEGLIGENCE OF CITY OF ATASCADERO OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin HEREBY INDEMNIFY AND HOLD HARMLESS all above Release from any and all liabilities incidents to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(PARENT / GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_

### UNDERSTANDING OF RISK

I understand the seriousness of the risk involved by participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

\_\_\_\_\_  
(PARENT / GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Dated Signed: \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO: CITY OF ATASCADERO**