



JUNIOR DRIBBLERS BASKETBALL 2010

2ND/3RD Grade Boys & Girls

CHECK OUT OUR WEBSITE @
YOUTHSPORTSLEAGUEOFRWC.COM

Please check the following box if you are able to be a *Volunteer Parent Coach.*
 We rely on Volunteer Coaches in order for the program to run. Thank you for your participation.

Name and Phone Number _____

Registration Deadline:

March 26th, 2010

Program #:

46.261

Please complete both sides and return form to Red Morton Community Center (1120 Roosevelt Ave.)

Registration Fee:

\$40.00

Cash or check only (Please make check payable to City of Redwood City.)

Program Information:

Mondays & Wednesdays April 26th -June 2nd (No class on 5/31.) This is an instructional program designed to introduce participants to the fundamentals of basketball. The first (5) days of camp will focus on basketball fundamentals and will run from 4-5:15pm. Games will be played for the remaining (6) days of camp. A schedule will be provided to you on the first day. Games will be at 4pm or 5pm. **Participants should arrive at Red Morton Center at 3:45 pm on April 26th.** Participants must wear appropriate attire and tennis shoes. Please bring water. Please contact Erin Niemeyer @ 650.780.7335 for more information. No refunds given after April 14th, 2010. **MAXIMUM OF 50 PARTICIPANTS.** (A second section from 5:15-6:15 may be opened if needed.)

T-SHIRT SIZE (CIRCLE ONE)	YOUTH	S	M	L	ADULT	S	M	
Participants Name	Date of Birth	Grade			School		Program #	Ethnicity

Parent/Guardian Name _____ **Address** _____

Home Phone # _____ **Work Phone #** _____ **Cell Phone #** _____ **Email** _____
 (You will receive Youth Sports League monthly newsletter.)

Emergency Contact _____ **Emergency Phone #** _____ **Health Issues/Daily Medication for your child** _____

I/We the undersigned, being the parents(s) and / or legal guardians of do hereby grant permission for his/her participation in the Redwood City Police Activities League and release the Redwood City Police Activities League and the City of Redwood City, and their agents, from all action, causes of actions, damages and claims or in equity of every kind whatsoever I/we may now or hereafter have against them arising out of any injuries of loss to while said person participates in any of the activities, programs, or sports of the Redwood City Police Activities League. I understand that this includes that my child may be transported to and from events by PAL personnel or volunteers In the event of injury, I/we the undersigned, parents(s) or legal guardians of do hereby authorize the Redwood City Police Activities League, as agent for the undersigned, to consent to any x-ray, examination, any anesthetic, medical or surgical diagnosis or treatment and hospital care when deemed advisable by and is to be rendered under the general of special supervision of any physician and/or surgeon licensed under the provision of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or hospital. It is understood that this authorization is given in the advance of any agent to give specific consent to any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. The authorization is given pursuant to the provisions of Section 25.8 of the CIVIL CODE of California. This authorization shall remain in effect as long as he/she participates in the Redwood City Police Activities League program, unless revoked sooner in writing and delivered to the Redwood City Police Activities League. I/we agree to allow use of my/our photograph in program publicity. **I have read and fully understand these policies.**

Parent/Guardian's Signature: _____ **Date:** _____