CITY OF CHULA VISTA

RECREATION DEPARTMENT

The Heart of the Neighborhood

YOUTH SPORTS

EASTERN Youth League
BASKETBALL

2006 - 2007

Registration & General Information

With the new centers that are now open, the department will now be offering two separate leagues, East and West. They will be run with the same rules and regulations, and you may sign up for either league. Practices and games for the Eastern league will be held East of I-805, while the Western league will take place West of I-805.

LEAGUES
Coed: Divisions AA, A, B, C, and D

Registration is open to the inexperienced as well as the experienced player.

$60 Resident / $75 Nonresident

Requests for children to be placed on the same team for car pool reasons and requests for specific coaches and practice days cannot be honored. This program focuses on fundamentals.

PARENT TRAINING
Parents or guardians of all participants are strongly encouraged to attend one of the Parent Training sessions presented by the Positive Coaching Alliance (see schedule below).

Nov. 4	9:30 - 11:30 am	Veterans Park Center
Nov. 18	12 - 2 pm	Montevalle Center

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the District as a community service. Any questions or comments should be directed to the sponsoring agency.

MAIL-IN REGISTRATION:
September 25 - October 7
Registration postmarked before September 25, or after October 7 will not be accepted, and will be returned by mail. Space is limited, so register as soon as possible. Once the league is filled, a waiting list will be established to fill vacant spots on established teams.
Mail to:
Recreation Department
City of Chula Vista
ATTN: James Northum / Youth Basketball
276 Fourth Avenue, MS R-105
Chula Vista, CA 91910

WALK-IN REGISTRATION: (if openings are available)
October 16 - 22, or until leagues are full.
- Montevalle Center • 840 Duncan Ranch Road
- Salt Creek Center • 2710 Otay Lakes Road

2 - 7 pm, Monday - Friday

Incomplete registrations (no birth certificate, no authorized signature, etc.) will not be processed until the individual clarifies the incomplete information. Individuals who do not complete the information within ten (10) working days will be dropped from the program. Registrations with no fee included will be returned.
Make Checks payable to: "City of Chula Vista."

Limited financial aid is available for qualified applicants. Request forms are available at the Veterans Center. Applications will be accepted only through the mail-in registration procedure.

There are no refunds for this activity. No exceptions.

Persons with special needs are encouraged to participate in all programs. For assistance, please contact Carmel Wilson at 409-5800 two weeks in advance of the program.

Youth Basketball REGISTRATION FORM

CITY OF CHULA VISTA

AGE DIVISIONS:

AA	Born 1989 - 1992	Coed
A	Born 1993 - 1994	Coed
B	Born 1995 - 1996	Coed
C	Born 1997 - 1998	Coed
D	Born 1999 - 2000	Coed

FIRST GAME: December 2
LAST GAME: March 10 (2007)

GAMES ARE PLAYED AT:
Veterans Center (785 E. Palomar)
Montevalle Center (840 Duncan Ranch Road)
Salt Creek Center (2710 Otay Lakes Road)

PLAYER EVALUATIONS: All new players must attend the player evaluations.
Salt Creek Center (Please arrive 15 minutes early.)

AA	Tuesday, Nov. 28	6 pm
A	Tuesday, Nov. 7	6 pm
B	Saturday, Nov. 4	9 am
C	Thursday, Nov. 2	6 pm
D	Wednesday, Nov. 1	6 pm

Note: All volunteer coaches MUST attend the evaluation.

Practices will be held one to two times per week (Mon. - Fri. from 4 - 8 pm,) beginning within two weeks after evaluations. Schedule depends on the availability of the volunteer coaches.

For more information, please call: (619) 691-5084

FILL OUT COMPLETELY - PLEASE PRINT

LEAGUE INFORMATION (Circle): **Division:** AA A B C D

PARTICIPANT NAME School Male / Female

Parent's Name Home Phone: Work Phone:

ADDRESS CITY STATE ZIP

Emergency Contact Name: Emergency Contact Phone:

Child's Date of Birth: / / Child's Height: Child's Weight: Fee Enclosed $

Email Address:

Parent/Guardian: Are you interested in managing a team? YES NO Your Name:

Does the participant require special accommodations for a successful experience?
Yes _____ No _____

ACCIDENT WAIVER & RELEASE OF LIABILITY (AWRL)

READ, SIGN & DATE BELOW: (Unsigned waivers will cause your registration to be returned unprocessed.)

IMPORTANT: A copy of each child's proof of age must be mailed with registration. If a copy has been submitted in the past, there is no need to send another.

I _____(REGISTRANT), and I _____*(REGISTRANT'S parent or guardian), acknowledge that this activity may be an extreme test of REGISTRANT's physical and mental limits and that it could result in death, injury and property loss. Risks may derive from terrain, facilities, water conditions, weather, condition of equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. I hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, has sufficiently trained for participation in this activity and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity holders, sponsors and organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activities. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the event holders, sponsors, directors and their agents or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's OR Parent/Guardian's Signature* _____ Date _____

*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.

As a recipient of federal funds, the city of chula Vista cannot discriminate against anyone on the basis of race, color, sex, religion, national origin, age, mental or physical disability. If anyone believes he or she has been discriminated against, he or she may file a complaint alleging the discrimination with either the City of Chula Vista Recreation Department or the Office of Equal opportunity, US Department of the Interior, Washington, DC 20240.

OFFICE USE ONLY: Amount enclosed: $_____ Bank # _____ Check/Money Order # _____ City Receipt _____