



RECREATION DEPARTMENT

The Heart of the Neighborhood

www.chulavista.ca.gov/rec



YOUTH COED BASKETBALL LEAGUE SUMMER 2011

GENERAL INFORMATION

The Youth Summer Coed Basketball League is intended for all levels of players and will be geographically based, i.e. East and West. The Salt Creek center will be the headquarters for the Eastern Division, and the Parkway center will be the headquarters for the Western Division. Players are permitted to register in either geographic (East or West) regardless of residency. For example, a player that lives in the communities of Terra Nova or Rancho Del Rey can register for the Western Division or the Eastern Division.

Request for children to be placed on the same team for car pool reasons and requests for specific coaches and practice days cannot be honored.

If we have enough teams for each division for each geographic area, games will be played on a West (Parkway) and an East (Monteville & Salt Creek) basis during the regular season on Saturdays. Games will be played at Parkway Gymnasium on Tuesday evenings and Salt Creek/Monteville Recreation Centers on Friday evenings as well. The goal is to have close to 10 games for the season for all teams.

FOR MORE INFORMATION - PLEASE CONTACT:

safari@ci.chula-vista.ca.us [email is best]

EAST SECTION:

Steve Scott, Recreation Supervisor III
(619) 585-5739 or 2710 Otay Lakes Rd

WEST SECTION:

Frank Carson, Recreation Supervisor III
(619) 691-5083 or 373 Park Wy

There are NO REFUNDS for this activity. NO EXCEPTIONS!

REGISTRATION INFORMATION

May 16 - June 10 (on a space available basis)

Space is limited, so register as soon as possible. Once the league is filled, a waiting list may be established to fill vacant spots on established teams. Make checks payable to "City of Chula Vista."

Walk-In Registration

EASTERN DIVISION:

At the Salt Creek Recreation Center, 2710 Otay Lakes Rd, on Wednesdays, 3:00-7:30 pm and Saturdays, 8:00 am-3:30 pm.

WESTERN DIVISION:

At the Parkway Community Center, 373 Park Wy, on Tuesdays & Thursdays, 2:30-8:30 pm

Mail-In Registration (May 16-May 25)

Registration postmarked before May 16 and after May 25 will NOT be accepted, and will be returned by mail. DO NOT complete Mail-in Registration after May 25. Mail-in registration to:

Recreation Department
ATTN: Steve Scott, Youth Athletics
276 Fourth Avenue, MS R-109
Chula Vista, CA 91910

Online Registration

www.chulavista.ca.gov/rec

Starts May 16 and ends when there is no more space. Please note, a nominal, non-refundable "convenience fee" is charged in addition to the participant fee for the online service provided by an online registration vendor.

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 working days will be dropped from the program. Registration with no fee will be returned.

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 should be directed to Steve Scott, Recreation Supervisor, (619) 585-5739 or 2710 Otay Lakes Rd, Chula Vista, CA 91915.

YOUTH COED BASKETBALL LEAGUE REGISTRATION FORM



CITY OF CHULA VISTA
RECREATION DEPARTMENT

MANADATORY PARENT/FAN TRAININGS

If parents/fans do not attend one training and receive a technical foul, they will be removed from the facility and not permitted to attend anymore games. Dates and times of trainings will be listed on registration receipt.

PLAYER EVALUATIONS

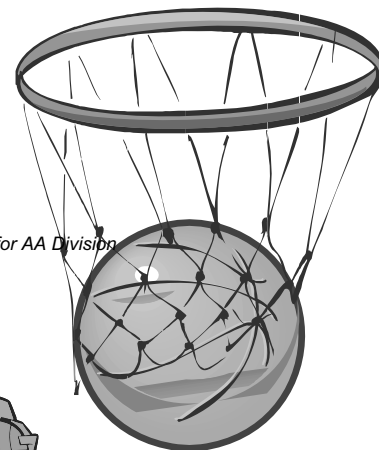
All players must attend the player evaluations. The Eastern Division will be conducting their own player evaluations and draft and the Western Division will be conducting their own player evaluations and drafts. Exact days/dates/times will be listed on your registration receipt when you register.

PRACTICE DAYS/TIMES

Practices will begin the week of June 13 and/or June 20 and will be outside one to two times per week (Monday - Friday 4-8 pm.) Schedule depends on the availability of the volunteer coaches. We may be able to offer a limited indoor practice times for teams, but that would only be for some teams, not all teams, depending on availability.

Circle Corresponding Activity Number for desired regional

	West Division	East Division
AA Division	8450.261	8450.231
A Division	8350.261	8350.231
B Division	8250.261	8250.231
C Division	8155.261	8155.231



FEES:

1st child: \$95 Residents / \$119 Non-Residents
2nd child or more: \$75 residents / \$94 Non-Residents

GAME DAYS & DATES

Games will be played on Tuesday & Friday evenings and Saturdays all day. Each team will play two games per week (one weekday and one Saturday).
First Game: June 25 (no games Saturday, July 2)
Last Game: July 30
Play-offs Begin: August 6
Championship Games: August 13

AGE DIVISIONS:

- AA Born 1994 - 1997 COED*
- A Born 1998 - 1999 COED
- B Born 2000 - 2001 COED
- C Born 2002 - 2003 COED

* Class of 2011 graduating seniors born in 1993 can register for AA Division

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 coaching a team? YES NO				Your Name:	

ACCIDENT WAIVER & RELEASE OF LIABILITY (AWRL)

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

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.



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.

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.

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