

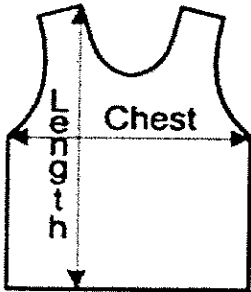
South Yuba Recreation Volunteer Association - Youth Basketball Application - 2016 – 2017

PAYMENT: ONE CHILD \$65.00 AND FAMILY \$105.00.

Boys/Girls Division (Circle One)

_____ (3rd – 4th Grade) _____ (5th – 6th Grade) _____ (7th – 8th Grade)

Jersey Size Chart (Circle One) below



Jersey Size Chart

For Styles: 580, 700, 710, 720, 730, 755, 770, 775, 780 and 785
 For Styles: 230, 250, 260 minus 1 inch off chest measurement
 For Styles: 470 and 490 minus 3 ½ inch off length measurement

	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	Adult XX-Large	Adult XXX-Large
Length	22	23 ¼	24 ½	26	27 ½	29	30 ½	33	35 ½
Chest	27-29	29-31	31-33	33-37	37-41	41-45	45-49	49-53	53-57

(No changes accepted after ordering and if you select the wrong size you are required to pay for reorder with include shipping cost)

Name of Player: _____ Parent/Guardian Name: _____

Parent Telephone Number: Home: _____ Work: _____ Cell: _____

Address: _____ City: _____ ZIP: _____

Complete the following emergency information on whom to contact if parent/guardian cannot be reached:

Name: _____ Telephone Number: (Cell/Home/Work) _____

Special Instructions: _____

I, the parent/guardian of _____, understand that my child is participating in South Yuba Recreation Volunteer Association, Youth Basketball Program on his/her own will. I hereby for myself, my heirs, administrators, and assigns waive and release any and all rights or claims of any nature, against South Yuba Recreation Volunteer Association, Wheatland Elementary School District, Wheatland Union High School District, Plumas Lake School District, and any persons connected with this activity, their representatives, successors, and assigns for any and all injuries or damages which my child may suffer while taking part in this activity. I agree to indemnify and hold harmless South Yuba Recreation Volunteer Association, Wheatland Elementary School District, Wheatland Union High School, Plumas Lake School District, and all such persons against any claims arising there from.

CONSENT TO MEDICAL TREATMENT OF PARTICIPANT

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the South Yuba Recreation Volunteer Association Youth Basketball Program has a Medical Accident policy which is **SECONDARY COVERAGE** for injury to your child. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity of the illness or injury may require the use of emergency medical personnel.

Name of Personal Physician: _____ Doctor's Telephone Number: _____
 Plan Number: _____

Insurance ☐ Yes ☐ No - Child is covered by Parent/Guardian Health/Injury Insurance – I, the Parent/Guardian of this child, do not have my own Health/Injury insurance coverage. I assume all risks and hazards incidental to such participation without Health/Injury insurance coverage and do hereby waive, release, absolve, indemnity and agree to hold harmless, South Yuba Recreation Volunteer Association, Wheatland Elementary School District, Wheatland Union High School District, Plumas Lake School District, the host organization, the sponsors, supervisors, participants, volunteers, and any other persons involved in South Yuba Recreation Volunteer Association.

Parent/Guardian Signature: _____ Relationship: _____

The league cannot run without your help. Please check one of the following:

Head Coach (Grades 3-8) (*) _____	Assistant Coach (Grades 3-8) _____ (*)
Referee (Grades 3-8) _____	Score Keeper (Grades 3-8) _____
Time Clock Operator (Grades 3-8) _____	(*) Mandatory for coaches to attend skill training to be selected and recommended

Name of person willing to help: _____ Phone #: _____

NOTICE TO PLAYERS & PARENTS: PLAYER'S NAME _____

SECTION I

South Yuba Recreation Volunteer Association Youth Basketball Association is not responsible for **UNSUPERVISED** players neither before nor after a scheduled game, practice or event, not responsible for a player if they show up more than one hour prior to game time, or more than 15 minutes prior to practice, nor after a sponsored activity is over.

SECTION II

As a parent or guardian if I am called upon or volunteer to transport any participants, including players or volunteer workers by motor vehicle, I realize that South Yuba Recreation Volunteer Association does not have Liability Insurance relating to transportation coverage; therefore, there would be **NO COVERAGE BY** South Yuba Recreation Volunteer Association.

I **FURTHER RELIEVE** South Yuba Recreation Volunteer Association of all liabilities arising out of the use of an automobile and will be fully responsible for any lawsuits arising out of the use of an automobile transporting a player to a South Yuba Recreation Volunteer Association function.

SECTION III

South Yuba Recreation Volunteer Association has a Medical Accident policy which is **SECONDARY COVERAGE** for injury to your child; **COVERAGE MAXIMUM IS TWENTY FIVE THOUSAND DOLLARS. YOUR MEDICAL INSURANCE AND/OR MEDICAL IS YOUR PRIMARY COVERAGE. PLEASE FILL IN THE NAME OF YOUR MEDICAL INSURANCE**
COMPANY _____ **POLICY NUMBER** _____

This form will not be accepted unless the name and policy number is filled in. If you do not have medical insurance and/or Medical, please indicate.

South Yuba Recreation Volunteer Association's Accidental Medical Coverage has a \$100.00 (One Hundred dollar) deductible.

YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE IN SOUTH YUBA RECREATION VOLUNTEER ASSOCIATION'S YOUTH BASKETBALL PROGRAM UNTIL THIS FORM IS COMPLETED AND SIGNED.

I have read and understand that South Yuba Recreation Volunteer Association is not responsible for the liability or injury to my child under any circumstances other than scheduled events and the above guidelines will apply in all cases. In addition, if I order the wrong size for my child I will pay the additional cost to reorder the correct jersey size to include shipment cost and accept that it will take longer for reordering the jersey.

SECTION IV

I _____ am the parent and/or Legal Guardian of _____. In case of any medical emergency, I hereby authorize a representative of South Yuba Recreation Volunteer Association to seek Medical Assistance for my child.

Signature/Date of Parent or Guardian