

Winter '25 - Youth Basketball Information Form



PARTICIPANT INFORMATION	• •					(G	vision D: Born i Frade No High vision C: Born i	er than 2nd)
Division Registering: (Select) D	С	В	Α	5A	(G Div	rade No High isior*B: Born in rade No High	er than 4th) n 2012-2014
Participant's Name:						* Div (G	ision A: Born in rade No High ision 5A: Born	n 2010-2012 er than 8th)
Date of Birth:		Mal	е	Fe	emale	(6	Frade No High	er than 12th)
Age (as of April, 2025):(All Grades Must Represent the '24-'25 Scho		ol:		G	rade:_			
Jersey Size (Select One): YXS	YS	ΥM	YL	AS	AM	AL	AXL	AXXL
Jersey Shorts (Select One): YXS	YS	ΥM	YL	AS	AM	AL	AXL	AXXL
I understand that an additional \$30 fee	will be	charged	d for any	y re-ord	ers of inc	orrect s	izes	
**\$15 for Jersey / \$15 for Shorts replaceme	ent items.							
PARENT/GUARDIAN INFORMATION:								
Parent/Guardian Name:								
Address:								
Main Contact Person:								
Email:								
mergency Name:			F	Phone#	ŧ:			
Are any special medical accommodation (Accommodations for specific coaches, pro		•		•	•	•	•	
f yes, explain:								
understand that registration location does no cations are determined by the gym and voluceive two picks and rest of team is by blind ACCOMMODATIONS FOR SPECIFIC COACHES GE GRANTED. Once placed on a team a \$30 week of practice.	lunteer c I draw. D S, PRACTI	oaches OUE TO TH	availabi IE LARGE , TIMES,	lity. Note NUMBEI WITH SPE	e: Returning R OF PARTIC CIFIC PLAY	g volunt CAPANT YERS OR	eer coac S, <u>NO</u> SPE PRACTICI	hes CIAL E SITE WILI
arents/Guardians Signature:					_ Date:			
	PLEASE	SELECT (ONE					
Knowledge/Skill set does par	rticipant	have ir	n playin	g baske	tball (Sele	ect One	e)	
No knowledge Some know	rledge	Know	rledgea	ble ,	Advance	d Know	ledge	
*Note: If not select we will assume y	our chil	d has N	lo Knov	wledge	and will	be pla	ced as s	uch.
DECISTRATION T	A KENI DV		D.	ATE.				



CITY OF PICO RIVERA HOLD HARMLESS AGREEMENT

I agree to waive and release the City of Pico Rivera and it's officers, agents, and employees from and against any and all claims, cost liabilities, expenses or judgments, including attorney's fees and court cost arising from my (or my child's) participation in the City's recreation program or any illness or injury resulting therefore, and hereby agree to indemnify and hold harmless the City of Pico Rivera from and against any and all such claims, whether caused by negligence or otherwise, except for any claims resulting from the sole negligence, gross negligence, or intentional conduct on the part of the City or its employees. I understand that by signing this waiver, I am freeing the City of Pico Rivera and its employees, officers, or agents from any liability resulting from my (or my child's) participation in this event or activity. I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program. I personally read and understand this release.

I understand that if, at any time, I or personal visitors of my child violate any portion of the Parents' Code of Ethics and/or the "Disruptive Patons PRMC 8.44.010"; I may be removed from gym and/or any further	resulting from my (or my child's) participation	the activities in which I (or my child) will participate d understand this release.
I give my permission to the City of Pico Rivera to photograph/video tape me or my children participating in the programs for use in the City of Pico Rivera publicity and publications and will not seek compensation for such. Videos/photos will be used for the purpose of promoting various pro-grams and services to the community. Parent/Guardian Signature: Date: Date: PARENTS CODE OF ETHICS I hereby pledge to provide positive support, care and encouragement for my child participating in the City of Pico Rivera Youth Basketball League by following this Parents Code of Ethics Pledge: I will encourage good sportsmanship by demonstrating positive support for all players, coaches, officials and staff at every game and/or practice. I will place the emotional and physical well being of the participants before any personal desire to win. I will support coaches, officials and staff working with my child, in order to encourage a positive and enjoyable experience for all. I will only cheer for my child's team in a positive and collective manner and will not cheer against any other participants. I will respect the commitment of my volunteer coach and allow them to coach the team without my interference at any game and/or practice. I will remember that all games are for the kids on the court and not the adults in the stands. I will refrain from using any profanity or negative comments toward any player, coach, official and/or staff. I will demand a youth sports environment for my child that is free of drugs, tobacco, and alcohol and I will refrain from their use at all youth sports functions. I understand that the Pico Rivera Youth Sports program emphasizes FUNdamentals and Sportsmanship before winning. I understand that if, at any time, I or personal visitors of my child violate any portion of the Parents' Code of Ethics and/or the "Disruptive Patons PRMC 8.44.010"; I may be removed from gym and/or any further participation as a Spectator.	Parent/Guardian Signature:	Date:
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MADATORY PARENT MEETING One parent per participant must attend one of the dates listed below if record shows that NO parent has ever attended. Saturday, December 7, 2024 9:00-10:00 am I understand that my child will not be able to participant in the program if a parent or guardian does not attend the mandatory parent meeting. Parents Signature Parents Signature