

# ARD-YOUTH DEVELOPMENT LEAGUE APPLICATION

## ARD-YDL Basketball Registration Auburn Recreation District Boys and Girls 3<sup>rd</sup>-8<sup>th</sup> Grade

Sign-ups for the ARD Youth Development Basketball league will be conducted from September 1 – October 16, 2009. (Wait list after October 16-No Guarantees). League games begin in January and run through March. Cost per player is \$100.00 & \$105.00 for out of district players. All players will be placed on a team from their school of enrollment. Player fees will include a certificate of participation, league medal and team photograph. (uniform not included). **Register online at [www.auburnrec.com](http://www.auburnrec.com).**

Auburn Recreation District has a **NO REFUND** Policy- If you cancel registration prior to a class/program start date, you will receive full credit on account towards another ARD class, program, or activity. If you cancel after the first class, you will receive 50% credit. If you cancel after the second or subsequent class(es), no credit will be given. Credit is good for one year from the date of issue. Full refunds will be Issued only if ARD cancels a class.

### AGREEMENT, WAIVER, & RELEASE

Initial

In consideration for being permitted by Auburn Area Parks and Recreation District (ARD) to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me as a result of participation in said activity. This release is intended to discharge in advance ARD (its officers, employees and the Auburn Recreation District Youth Development League, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss. Liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

**PARENTAL CONSENT:** (To be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son/daughter, \_\_\_\_\_, participate in the above activity and I hereby execute the above Agreement, Waiver, & Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, & RELEASE AND FULLY UNDERSTAND IT'S CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND AUBURN AREA PARK AND RECREATION DISTRICT AND I SIGN IT OF MY FREE WILL.**

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree that in the event that said minor requires medical treatment while under the supervision of ARD's recreational personnel in connection with described activity, such supervisor may authorize treatment.

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

This registration is for the ARD-YDL basketball league only, and does not include any membership to the Amateur Athletic Union. All AAU memberships are the sole responsibility of the applicant. Information is available upon request to The Auburn Recreation District.

Player fee: \$100.00 (does not include uniform) Total payment to ARD YDL: \_\_\_\_\_ Check # \_\_\_\_\_

Sign and date this form and register at the Auburn Recreation District. 123 Recreation Drive Auburn, Ca. 95603.

Make checks payable to ARD. Application must be made through ARD. If you have any questions please contact: Jerry Fisher-ARD-YDL Director @ (530) 885-8461 Ext.12 Signed \_\_\_\_\_ Dated \_\_\_\_\_

# ARD-YOUTH DEVELOPMENT LEAGUE

PARENT VOLUNTEER TO: *COACH* *SCOREKEEPER* *TIMEKEEPER* *OTHER*  
(CIRCLE ALL THAT APPLY)

COACH REQUESTED: \_\_\_\_\_

PLAYER'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

SCHOOL Of Enrollment \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_  
As of 1/1/2010

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S NAME AND PH.# \_\_\_\_\_  
Or Guardian HOME WORK/CELL

FATHER'S NAME AND PH.# \_\_\_\_\_  
Or Guardian HOME WORK/CELL

## Emergency Medical Information

This form should be in the possession of the coaching staff at all practices and games.

Current Medications: \_\_\_\_\_ List of Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Last Tetanus Shot: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Additional Contact: \_\_\_\_\_  
HOME WORK/CELL

Additional Comments: \_\_\_\_\_

### **Parental or Guardian Consent for Coach:**

In the event of an emergency, when the coach believes medical attention may be required, I/We grant permission to the coach or his/her designee to call for an ambulance and/or to give consent to any medical diagnosis or treatment by a licensed physician.

Parent/Guardian Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_