



# JR. WARRIORS



## NEWMAN YOUTH BASKETBALL 2017

**ALL PARTICIPANTS MUST BRING COPY OF  
BIRTH CERTIFICATE TO REGISTER.**

Signup: September 12<sup>th</sup> - October 14<sup>th</sup>  
Late Signup: October 17<sup>th</sup> - October 28<sup>th</sup>  
After OCTOBER 28<sup>th</sup> a waiting list will be created.

Fee: \$50.00

(\$5.00 Discount for each additional sibling)

Late Signup Fee: \$10.00

An additional \$10.00 fee for all participants not residing in the Newman-Crows  
Landing School District.

**NO REFUNDS WILL BE GIVEN AFTER OCTOBER 28, 2016.**

All games will be held on Saturdays beginning approximately January 7<sup>th</sup>.  
Location: Local Schools

Open to ages 8\* to 14\*

\*Must be 8 by December 1, 2016 and if 14 must still be in 8<sup>th</sup> grade.

Jr. High Girls (6<sup>th</sup> to 8<sup>th</sup> grade)  
If 28 girls sign up, we will not have Co-ed teams.  
Girls and boys teams will be separated.

**NO REQUESTS FOR COACHES OR TEAMS WILL BE HONORED!**

Volunteers are needed as coaches and assistant coaches. If you are interested  
please contact the Recreation Department at 862-4440. All volunteers must be  
finger printed by November 27, 2015.

Sign Up: Newman Youth Center  
831 Hardin Road  
Newman, Ca 95360

Times: Monday - Friday  
2:30 P.M. to 6 P.M.



*City of Newman Recreation Department*

**YOUTH BASKETBALL  
REGISTRATION CONTRACT**

FOR OFFICE USE ONLY
Amount Paid: _____
Cash _____ Check#: _____
Birth Certificate: _____
"RAP" Applied For: Yes No
Initials: _____

*Please Print*

Child's Name: \_\_\_\_\_ Check One:  Male  Female

Birth Date: \_\_\_\_\_ Age on December 1, 2016: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_

May we contact you at work?  Yes  No Work Phone Number: \_\_\_\_\_

List any medical/physical condition that your child has that we need to be aware of:  
\_\_\_\_\_

Does your child use an inhaler or similar kinds of medicines?  Yes  No  
(If yes must fill out Parental Consent for Self Administration of Medicine form when you register.)

Emergency Contact Name (Other than self): \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Please circle the correct shirt size for your child. What you circle is what we will order for your child. We are unable to make changes once the order is placed.

**Shirt Size:**       Youth Small       Youth Medium       Youth Large  
 Adult Small       Adult Medium       Adult Large       Adult Extra Large       Adult 2 Extra Large

Would you like to assist with this program as a volunteer coach?  Yes  No  
If yes, Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

All volunteers will be Live-Scanned by the Newman Police Department prior to start of season.  
Have you been Live Scanned by Newman Police Department before?  Yes  No

**PLEASE READ AND SIGN OTHER SIDE.**

Please list any siblings that are also registering for this activity. If in same division, all efforts will be made to place siblings together unless otherwise noted.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

If in same division please place together: Check One:  YES  NO

CONSENT OF WAIVER FOR PARTICIPANT: Permission to participate in the above program sponsored by the City of Newman is given for me and/or my minor child. I understand that the City of Newman carries no medical insurance for any of its programs or activities. I hereby agree to indemnify and hold harmless and release the city of Newman and the Newman/Crows Landing School District, its agents and employees, from any risk and all liability for any injury suffered by myself or my minor child rising from or connected with this program and I will assume all risk for any injuries. I understand that a physician’s clearance is recommended prior to participation. I hereby authorize Newman Recreation Department or its volunteers to seek medical treatment if my child becomes injured or ill.

**I also understand the following refund policy: Full refund with the exception of a \$10.00 administrative fee charge, until the final day of late registration. After the final day of late registration, NO REFUNDS WILL BE ISSUED. A copy of completed registration form or sufficient contact information (name, address, phone number and email) will be release to the Warriors for promotional information to you.**

**I understand that there is a \$20 service charge on all returned checks. This fee as well as all original charges must be paid in cash at Youth Center before my child will be allowed to participate.**

I understand that requests for coaches or teams cannot be honored.

I understand that my child will not be allowed to switch teams. If I have a problem with a coach or team, and that the complaint must be put in writing for review by the Recreation Department.

I understand that my child must attend practice on a regular basis in order to play in games. I understand that I must notify the coach in case of an absence.

I also understand that I must get my child to practice/games on time and pick them up on time. Remember this is your responsibility not the coaches or staffs responsibility.

I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends and that the Recreation Department staff has the authority to remove anyone violating this stipulation without discussion.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

\_\_\_\_\_  
Parent or Guardian’s Signature

\_\_\_\_\_  
Date

Email Address: \_\_\_\_\_  
(If you would like to receive information about upcoming events or programs.)

**Recreation Assistance Program Available**

“RAP” is based on level of income for Stanislaus Co. residents.

If interested, please ask for application or visit us at [www.cityofnewman.com](http://www.cityofnewman.com)