
NEWMAN YOUTH BASKETBALL

ALL NEW PARTICIPANTS MUST BRING COPY OF
BIRTH CERTIFICATE TO REGISTER



Signup: October 16th –October 31st

Late Signup: November 1st–November 8th

NO WAITLIST

4 GIRL TEAMS ONLY OF 12 PLAYERS

6 BOY TEAMS ONLY OF 12 PLAYERS

8 COED TEAMS OF 12 PLAYERS

FIRST COME FIRST SERVE UNTIL SPOTS ARE FILLED

Fee: \$60.00

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 November 1st, 2023

All games will be held on Saturdays beginning approximately February

Location: Local Schools

Open to ages 8 to 14

*Must be 8 by December 2, 2023 and if 14 must still be in 8th grade.

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 December 21, 2023.

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

Times: Monday - Friday
2:30 P.M. to 6:00P.M.





City of Newman Recreation Department

**YOUTH BASKETBALL
REGISTRATION CONTRACT**

FOR OFFICE USE ONLY

Cash _____ Check#: _____ CC _____

Amount Paid: _____

Birth Certificate: _____

Initials: _____

Please Print

Child's Name: _____ Check One: Male Female

Birth Date: _____ Age on December 2, 2023: _____

Grade: _____ School: _____

Home Address: _____ City: _____ Zip: _____

Parent or Legal Guardian's Name: _____ 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: _____

How many years has your child participated in this program? _____

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.

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CONSENT OF WAIVER FOR PARTICIPANT: I understand the risks involved by participating in the above activity for which I/we are registering, and in consideration for being permitted by the City of Newman 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 the City of Newman (its officers, and/or officials, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the City, unless caused by the sole negligence of the City. 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 City free and harmless from any loss, liability, damage, cost, or expense which it may incur as the result of my death or injury or property damage that I may sustain while participating in said activity. 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.

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 Newman 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, I understand that the complaint must be put in writing for review by the Recreation Department.

The Recreation Department reserves the right to photograph facilities, activities, and program participants for potential future use. All photos remain the property of the City of Newman Recreation Department and may be used for art projects, good behavior recognition, and occasional publicity and promotional purposes. My signature releases the City of Newman from any and all liability and/or obligation to me and/or my child(ren) for the use of such documentation.

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. The City retains the ability to include suspension and/or permanent exclusion should the City deem it appropriate.

ASSEMBLY BILL 2007 (Concussion-Related Injuries): I understand that Newman Recreation Department has adopted concussion-related education, awareness and protocol. By signing below, I acknowledge that I have been provided the links and/or informational sheets to read and discuss concussion-related injuries with my child. I understand the nature and risk of concussion and head injury to youth athletes, including the risks of continuing to play after concussion or head injury.

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 :(Receive information via email about pictures and more)

2023 Newman Youth Basketball Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING CITY OF NEWMAN FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

Notice Regarding COVID-19: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend physical and social distancing, use of personal protective equipment like face coverings and have, in many locations, prohibited the congregation of groups of people. The City of Newman has implemented health and safety protocols in an effort to reduce the spread of COVID-19; however, the City cannot guarantee that you or your child(ren)/dependent(s) minor(s) will not become infected with COVID-19. Further, attending any program may increase your risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren)/dependent(s) minor(s) or I may be exposed to, or infected by COVID-19 by attending the City of Newman programs and activities ("Programs"), and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families.

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of City of Newman facilities, services, equipment and premises ("Facilities") and any participation in the Programs comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for all of the foregoing risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that City of Newman its officers, directors, agents, employees, volunteers, insurers and representatives (collectively, "Releases") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releases. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors, assigns and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releases from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors, assigns and proxies may have, now or in the future, against Releases on 2021 Newman Youth Basketball Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue 28859.00009\33036415.1 account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releases.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to INDEMNIFY AND HOLD HARMLESS Releases from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)