

# 2017 HOOPSTERS BASKETBALL PROGRAM

## REGISTRATION FORM



**WHO'S ELIGIBLE TO PLAY:** All full time students currently enrolled in Grades 3 through 12

**DIVISIONS AVAILABLE:**

**Boys:** 3<sup>rd</sup> – 4<sup>th</sup> Grade; 5<sup>th</sup> – 6<sup>th</sup> Grade; 7<sup>th</sup> – 8<sup>th</sup> Grade; 9<sup>th</sup> – 10<sup>th</sup> Grade; 11<sup>th</sup> – 12<sup>th</sup> Grade

**Girls:** 3<sup>rd</sup> – 4<sup>th</sup> Grade; 5<sup>th</sup> – 6<sup>th</sup> Grade; 7<sup>th</sup> – 8<sup>th</sup> Grade; 9<sup>th</sup> – 12<sup>th</sup> Grade

**FEES:** \$65.00 each participant and includes a T-Shirt

**REGISTRATION FEES ARE NON-REFUNDABLE**

Family Discounts Available: 2 children - \$55.00/each

**\$5 Non-Resident Fee for each participant that lives outside Eureka City Limits**

**Make Checks Payable to "City Of Eureka"**

50%  
Scholarships  
Are  
Limited!  
First Come,  
First Served  
For Eligible  
Families!

**REGISTRATION:** Registration form (Next Page) and fees are accepted by mail or in person Monday through Friday, 8 AM to 5 PM, at the ***Parks & Recreation Department Office*** located at the ***Adorni Recreation Center, 1011 Waterfront Drive, Eureka, 95501***

***Registration is on a First Come, First Served Basis and Will Depend on the Number of Qualified Coaches!***

**Deadline dates are as follows: (League May Fill Up Before Deadline)**

3<sup>rd</sup> – 4<sup>th</sup> Grade Division – Friday, November 18, 2016 – 5:00 PM

5<sup>th</sup> – 6<sup>th</sup> Grade Division – **Wednesday**, November 23, 2016 – 5:00 PM

7<sup>th</sup> – 8<sup>th</sup> Grade Division – Friday, December 16, 2016 – 5:00 PM

9<sup>th</sup> – 12<sup>th</sup> Grade Division – Friday, December 23, 2016 – 5:00 PM

**\*Deadline to apply as a coach is: November 11th**

**Games Begin:**

3<sup>rd</sup> – 4<sup>th</sup> Grade – Saturday, January 14, 2017

5<sup>th</sup> – 6<sup>th</sup> Grade – Saturday, January 21, 2017

7<sup>th</sup> – 8<sup>th</sup> Grade – Saturday, January 28, 2017

9<sup>th</sup> – 12<sup>th</sup> Grade – Saturday, February 4, 2017

**TEAM ASSIGNMENTS:** Participants will be placed a team based on the Team Placement Criteria Form found on page 3 of this packet. Rosters will be handed out to coaches on the following dates:

**3rd-4th Grade:** Friday, December 9th

**5th-6th Grade:** Friday, December 16th

**7th-8th Grade:** Friday, January 6th

**9th-12th Grade:** Friday January 13th

**Team Practices**

Team practices are held weekly and vary by coach and grade level. Practice days and times are requested by the coach. Practice start dates will begin on the following dates:

**3rd-4th Grade:** Monday, December 19th

**5th-6th Grade:** Monday, December 26th

**7th-8th Grade:** Monday, January 9th

**9th-12th Grade:** Tuesday, January 17th

**Coaching & Sponsoring a Team**

If you are interested in coaching or sponsoring a team, please fill out a coaches or sponsors reply form available at the Adorni Center or print one out online at [eurekaparksandrecreation.com](http://eurekaparksandrecreation.com).

**President's Week**

There will be no games on Saturday, February 25.

**“All kids need is a little help, a little hope and somebody who believes in them.”**

- Magic Johnson (NBA Hall of Famer)

# HOOPSTERS 2017 REGISTRATION FORM

**PARENTS/GUARDIAN: REGISTRATION IS ON A FIRST COME, FIRST SERVED BASIS AND WILL DEPEND ON THE NUMBER OF QUALIFIED COACHES. YOUR SIGNATURE IS REQUIRED!!**

## **AGREEMENT, WAIVER, AND RELEASE**

In consideration for being permitted by the above city 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 as a result of my participation in said activity. This release is intended to discharge in advance the above city (its officers, employees, and agents) from and against 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 said city (its officers, employees or agents).

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the city (its officers, employees, and agents) who through negligence, carelessness, or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the above city (its officers, employees or agents) free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

**I hereby consent and authorize the City of Eureka permission to use all photographs of me and/or my child's image/voice to be used in any press release, publications, presentations, and/or advertisements, including but not limited to newsletters, brochures, public service announcements, posters, flyers, activity guides, websites or other forms of electronic or print literature related to the work of the City of Eureka Parks & Recreation Department.**

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE CITY AND I SIGN IT OF MY OWN FREE WILL.**

PARTICIPANT (CHILD'S) NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DOB \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

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

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PARENT AND/OR PARTICIPANT MISCONDUCT MAY RESULT IN SUSPENSION FROM THE HOOPSTERS BASKETBALL PROGRAM**

**\*\* SPECIAL REQUESTS CANNOT BE GUARANTEED \*\***

### **Medical History**

Known Allergies (Medications or specific foods) \_\_\_\_\_

Medical Conditions: Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Other \_\_\_\_\_

Emotional Challenges or Behaviors \_\_\_\_\_

Additional Information (History or family situations) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Coach/Sponsor Interest**

Coaches and Assistant Coaches are needed. Can you help? Yes \_\_\_\_\_ No \_\_\_\_\_

Team sponsors are needed! Are you interested? (Team Sponsor Fee \$295.00) Yes \_\_\_\_\_ No \_\_\_\_\_

**T-SHIRT SIZE (Circle One): Youth: M L XL or Adult: S M L XL**

Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Pledge \_\_\_\_\_ Staff Initials \_\_\_\_\_

# 2017 HOOPSTERS TEAM PLACEMENT CRITERIA FORM

Your child will be assigned to a team by City of Eureka staff based on the following criteria and information. Every effort will be made to ensure teams are divided evenly based on skill set, experience, and preference. While we cannot accommodate specific requests for individual teams, we will do our best to accommodate preferences, however our primary goal is ensuring that each child and team is set up for success for the most enjoyable and beneficial Hoopsters experience.

Head coaches, assistant coaches and team sponsors will each be allowed one automatic assignment per team.

Childs Name: \_\_\_\_\_

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

1. How many years has your child been playing basketball?: \_\_\_\_\_

2. Has your child ever played on their school team? If yes, how many years?

\_\_\_\_\_

3. What position would your child prefer to play in Basketball? \_\_\_\_\_

4. Will you be carpooling to practices & games? \_\_\_\_\_

4a. If yes, what is the name of the other child(ren) that you would hope to car pool with?

5. Does your child play other sports? If yes, which sports and for how long?

\_\_\_\_\_

6. Does your child have any siblings in the **same division**? Yes/No

6a. If so, what is there name? \_\_\_\_\_

7. Skill level assessment: Please check the appropriate box that you feel best describes your child's skill level:

\_\_\_\_\_ **Beginner:** My child has little to no experience and/or knowledge of the basic fundamentals of basketball: I.E- Dribbling, Passing, Shooting, Catching, Rebounding, Offense and Defense.

\_\_\_\_\_ **Intermediate:** My child has some experience and knowledge of the basic fundamentals of basketball. My child can perform basic motor skills and movement patterns with or without equipment in a range of environments.

\_\_\_\_\_ **Advanced:** My child has a good deal of experience and knowledge of the basic fundamentals of basketball. My child can perform confidently and efficiently in a range of movement environments, as well as effectively use strategic thinking and work with more and less skilled peers to improve game performance.