

**DIXON YOUTH BASKETBALL LEAGUE  
REGISTRATION FORM 2016/17**

**EARLY REGISTRATION:** \$90 per player, October 3rd – November 4, 2016

**REGISTRATION FEE:** \$100 per player, November 5th – 13th, 2016

**\*\*THERE WILL BE NO REFUNDS ONCE A PARTICIPANT HAS REGISTERED UNDER ANY CIRCUMSTANCE\*\***

PLAYER'S NAME: \_\_\_\_\_  MALE  FEMALE

PLAYER'S PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(Month/ Day / Year)

MAILING ADDRESS \_\_\_\_\_  
(No P.O. Box's) (Street Name)

\_\_\_\_\_ (City)

\_\_\_\_\_ State

\_\_\_\_\_ (Zip Code)

PARENT/CONTACT #1: \_\_\_\_\_ PARENT/CONTACT #2: \_\_\_\_\_

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

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY:** (other than parent/guardian)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

SCHOOL GRADE: \_\_\_\_\_ SCHOOL:  Montessori  Anderson  Gretchen Higgins  Tremont

Neighborhood Christian  CA Jacobs  Other \_\_\_\_\_

SHIRT SIZE:  YOUTH Sm  YOUTH Med  YOUTH L  ADULT Med  ADULT L  ADULT XL

PLAYER HEIGHT: \_\_\_\_\_ feet \_\_\_\_\_ inches.

PRIOR BASKETBALL EXPERIENCE: \_\_\_\_\_ years  Beginner  Intermediate  Advanced

**Parental Support:**  COACH  ASSISTANT COACH  ASSISTANT COACH

We need active participation from parents/legal guardians in our program. Please check a box if you are willing to coach. Coaches Applications are available at City Hall.

Coach/Teammate Preference: \_\_\_\_\_  
(This preference will not necessarily effect player placement)

Questions/Concerns: \_\_\_\_\_

**If a parent does not wish their child to be on a team with a particular coach or player, please explain the extenuating circumstances in the above Questions or Concerns section OR email the Sports Coordinator at [dcallison@ci.dixon.ca.us](mailto:dcallison@ci.dixon.ca.us), otherwise participants will be placed with any available coach.**

**←←← Both sides of this form must be completed →→→**

**CITY OF DIXON  
HOLD HARMLESS AGREEMENT FORM**

I hereby give permission for my child, \_\_\_\_\_, age \_\_\_\_\_ to participate in the Dixon Youth Basketball League from December 2016 through February 2017, which will include participation in practices and games.

**HOLD HARMLESS AGREEMENT:** In consideration of my acceptance of this registration, I hereby assume the risk of, and responsibility for, any such injury, death, or damage which I, and/or my child, may sustain arising out of or in any way connected with the above described recreation activity, including injury, death or damage resulting from any acts or omissions, whether negligent or not, by or on behalf of the City, its officials, officers, employees, agents, volunteers and contractors.

**RELEASE:** I hereby release, waive and discharge the City, its officials, officers, employees, agents, volunteers and contractors from any and all liability, claims or causes of action arising out of or in any way connected with the activity described in this release, or upon their acts or omissions, whether negligent or not ("Waiver"). I agree to this Waiver on behalf of myself, my and/or my child's heirs, executors, administrators and assigns.

I understand and have been advised that I may have rights under Section 1542 of the California Civil Code, which reads as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."

I expressly waive any rights conferred on me and/or my child under California Civil Code Section 1542, as well as any similar law of any state or territory of the United States. On behalf of myself and and/or my child, I release the City, its officials, officers, employees, agents, volunteers and contractors and waive all actions, claims and demands that I and/or my or my child's heirs, executors, administrators and assigns may have or may hereafter have for any personal injury (including death) or property damage that I and/or my child may incur while participating in the above activity, including damage incurred as a result of the negligence of City, its officials, officers, employees, agents, volunteers and contractors. Volunteer Coaches are not permitted to transport any participant in any vehicle during the 2016-2017 Basketball Season for any reason. This includes, but is not limited to, rides to and from practices and games. The City of Dixon will not be liable in any way if this rule is broken.

**INDEMNIFICATION:** I hereby agree, on behalf of myself, my and/or my child's heirs, executors, administrators and assigns to defend, indemnify and hold harmless the City, its officials, officers, employees, agents, volunteers and contractors from any and all claims for compensation, personal injury, property damage or wrongful death caused by my and/or my child's negligence or willful misconduct.

**KNOWING AND VOLUNTARY EXECUTION:** I have carefully read this Release of Liability and fully understand its contents. I understand that I am giving up valuable legal rights on behalf of myself and/or my child. I knowingly and voluntarily give up these rights of my own free will. I am allowing the above described activity to take place at my own risk. I certify that I have read and understand this release form and that I have placed my signature below in recognition of that understanding.

**INSURANCE:** Any registration fee does NOT provide insurance.

**PHOTO AND VIDEO WAIVER:** I understand that City personnel may photograph or videotape me or my minor child and that the City may use my name (or any fictional name), picture, portrait, photograph, video or likeness in all forms, all media and in all manners to promote City programs and activities. I hereby waive any objection to the City photographing or videotaping me or my minor child when participating in said Recreation Program. I understand that neither I, nor my minor child, shall receive any compensation or payment for use of such photographs, videotapes, or images and that all media forms will remain the sole and exclusive property of the City of Dixon.

I agree and understand the above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date