



BOYS & GIRLS CLUBS
OF SANTA CRUZ COUNTY

2016-2017 Youth Basketball Registration Packet

Registration will open Saturday, September 10th at 9:00 AM at the
Downtown Branch of the Boys & Girls Clubs of Santa Cruz County,
located at 543 Center Street, Santa Cruz.

Parents,

Thank you for your interest in the Boys & Girls Clubs of Santa Cruz County youth basketball league. We are excited to begin another year of our wonderful program. Please read through the following information prior to registration.

Registration will open Saturday, September 10th at 9:00 AM at the Downtown Clubhouse of the Boys & Girls Clubs of Santa Cruz County, located at 543 Center Street, Santa Cruz. All registrations must be submitted to the club in person on or after that date. Registration slots are filled up on a first come basis. Many divisions are filled the day registration opens. If you wish to guarantee a spot, it is highly recommended that you apply in person on that day. No mailed or emailed registration forms will be accepted.

Please complete and bring the entire registration packet with you to registration.

Due to the limited nature of our program, students registering on September 10th must be represented by an adult family member at sign up. Please bring a photo ID with you to registration. If you wish to have a non-family member register your child, please notify Bryon Windsor prior to September 10th. You must provide the name of your child(ren) and the name of the person submitting their registration. **No person may register children from more than two families.**

The 2016 – 2017 Season will consist of four separate divisions, as follows:

- Division 3 – Students enrolled in 3rd or 4th grade
- Division 2 – Students enrolled in 5th or 6th grade
- Division 1 – Students enrolled in 7th or 8th grade
- *Biddy Ball – Students enrolled in 1st or 2nd grade

All students must play at their grade level unless a petition to transfer divisions has been filed with Bryon Windsor, Athletic Director by September 2nd, 2016.

Tryouts:

All players in Divisions 1, 2 and 3 are required to attend tryouts. Failure to attend tryouts may result in forfeiture of your spot.

Tryouts will be held at the Boys & Girls Clubs of Santa Cruz County, Downtown Branch the first week of November.

Last Names	Division 1	Division 2	Division 3
	Monday November 14 th	Tuesday November 15 th	Wednesday November 16 th
A-D	5:00 pm	5:00 pm	5:00 pm
E-L	5:30 pm	5:30 pm	5:30 pm
M-R	6:00 pm	6:00 pm	6:00 pm
S-Z	6:30 pm	6:30 pm	6:30 pm

If you are unable to attend your designated tryout time slot, please contact the Athletic Director, Bryon Windsor, at (831) 423-3138 ext. 24 prior to November 7th.

Practices:

Practices will be held once a week at the Downtown Club. Division 1 practices are on Monday and Division 2 and 3 will be on Tuesday, Wednesday or Thursday.

Practices will begin following Thanksgiving. Coaches will contact their teams the week following evaluations to let you know when your practice time will be held. Unfortunately we cannot make accommodations for specific practice times or guarantee students be placed on the same team (other than siblings).

Games:

Games will begin the first week of January. Division 1 games will be held on Fridays at the Downtown Club. Division 2 and 3 games will be held on Saturdays at either the Downtown Club or Mission Hill Middle School. A game schedule will be available the first week of practices.

Biddy Ball

Biddy Ball season runs for 8 weeks beginning January 7th. Each session is 45 minutes on Saturday mornings. They do not participate in league play. The Biddy Ball program is structured to teach young players the fundamentals of basketball. We focus on basic ball handling skills as well as positioning. Biddy Ball players are not required to attend tryouts.

Costs: *All Fees are non-refundable*

\$160* per player for Divisions 1, 2 and 3

\$120* for additional siblings in the same family

\$100* per player for Biddy Ball

**Cost includes membership to the Boys & Girls Clubs of Santa Cruz County through December 31st, 2017*

We are always in need of volunteer coaches, score keepers and referees. If you are interested in volunteering, please contact Bryon Windsor at (831) 423-3138 ext. 24 or bryon@boysandgirlsclub.info.

For Office Use Only:

Div: _____

List #: _____



BOYS & GIRLS CLUBS
OF SANTA CRUZ COUNTY

For Office Use Only:

Receipt: _____

Date: _____

Initials: _____

Youth Basketball League 2016-2017 Registration Form

(Divisions 1 - 3)

This form must accompany a Membership Application to the Boys & Girls Clubs of Santa Cruz County. Membership to the club will be active until December 31, 2017.

Participant:

First Name _____ Last Name _____

Birth date ___/___/____ Grade _____ Gender: M F

Division:

Division 1

Enrolled in grades 7 or 8 for the 2016-2017 school year

Division 2

Enrolled in grades 5 or 6 for the 2016-2017 school year

Division 3

Enrolled in grades 3 or 4 for the 2016-2017 school year

Experience Level: Please circle your child's basketball experience: No Experience/ Average for Age / Advanced
0 1 2 3 4 5

Uniform Jersey Size: Youth: M L Adult: S M L XL

Uniform Short Size: Youth: M L Adult: S M L XL

***There is a \$25 fee to reorder uniforms due to sizing issues.**

Parent or Guardian Contact Information: (Please print clearly)

Name: _____ Phone Number: _____

E-Mail Address: _____

Name: _____ Phone Number: _____

E-Mail Address: _____

Cost: *All Fees are non-refundable*

\$160* for first player in Divisions 1, 2 and 3

\$120* for additional siblings in the same family

\$100* per player for Biddy Ball

*Cost includes membership to the Boys & Girls Clubs of Santa Cruz County through December 31st, 2017.

For Office Use Only:

Div: _____

List #: _____



**BOYS & GIRLS CLUBS
OF SANTA CRUZ COUNTY**

For Office Use Only:

Receipt: _____

Date: _____

Initials: _____

Biddy Ball 2016-2017 Registration Form

This form must accompany a Membership Application to the Boys & Girls Clubs of Santa Cruz County. Membership to the club will be active until December 31, 2017.

Participant:

First Name _____ Last Name _____

Birth date ___/___/____ Grade _____ Gender: M F

Experience Level: Please mark your child's general basketball experience level.

- No experience
- Minimal Experience – Has minimal playing experience. Experience may be limited to drop in playground or backyard games. Knows some basic skills such as dribbling.
- Some Experience – Has some mastery of basic skills, including dribbling and shooting. May have participated in Biddy Ball or other camps previously. Can make baskets on a lowered rim some of the time.
- Prior League Experience – Has mastery of basic skills, including dribbling and shooting. Has participated in a structured league play elsewhere or has participated in multiple years of biddy ball or professional camps. Is able to make baskets on a standard height rim some of the time. Knows basic offense and defense positioning.

Uniform Jersey Size: Youth: S M L Adult: S M

Parent or Guardian Contact Information: (Please print clearly)

Name: _____ Phone Number: _____

E-Mail Address: _____

Name: _____ Phone Number: _____

E-Mail Address: _____

Cost: *All Fees are non-refundable*

\$100* per player for Biddy Ball

*Cost includes membership to the Boys & Girls Clubs of Santa Cruz County through December 31st, 2017.



BOYS & GIRLS CLUBS
OF SANTA CRUZ COUNTY

MEMBERSHIP FORM

Annual Membership Fee: \$60
Optional Sponsorship \$ _____
 New Renewal
Primary Clubhouse: Downtown
 Live Oak

Office use only:
Receipt # _____
Date _____
Initials _____

Club Member Information

First Name: _____ Last Name: _____
Date of Birth: _____ Age (must be 6-18): _____
Gender: female male other _____
School: _____ Grade: _____
Allergies: none _____
Medical Issues: none _____

Primary Parent/Guardian

First Name: _____ Last Name: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Other Phone: _____
Email Address: _____
Relationship to child: _____
Is this person a guardian? Yes Is this person allowed to pick up/drop off the child? Yes

Secondary Parent/Guardian or Other Contact

First Name: _____ Last Name: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Other Phone: _____
Email Address: _____
Relationship to child: _____
Is this person a guardian? Yes Is this person allowed to pick up/drop off the child? Yes

Emergency Contact (this is the first person we will call)

First Name: _____ Last Name: _____
Phone: _____

Sponsor A Child

Yes, I would like to sponsor another child to participate at the Boys & Girls Clubs of Santa Cruz County. I would like to sponsor:

1 membership (\$60) 2 memberships (\$120) Sports League (\$100) Other: _____

Other Contact

First Name: _____ Last Name: _____ Gender: _____
Cell Phone: _____ Other Phone: _____
Relationship to child: _____
Is this person a guardian? Yes Is this person allowed to pick up/drop off the child? Yes

Other Contact

First Name: _____ Last Name: _____ Gender: _____
Cell Phone: _____ Other Phone: _____
Relationship to child: _____
Is this person a guardian? Yes Is this person allowed to pick up/drop off the child? Yes

Household Information (used for statistical and grant purposes only)

Household Type: Both Parents Mother Father Alternate Custody Other Family
 Group Home Foster home Other

Number of siblings: _____ Total Household Size: _____ Military Household Member? Yes

Please mark if any of the following apply:
 Parent Incarcerated General Assistance/CalWorks Free or Reduced Lunch SSI
 FoodStamp/SNAP/CalFresh Public Housing TANF SSDI

Family Revenue: \$0 – 20,000 \$20,001 - \$40,000 \$40,001 - \$60,000 \$60,001 - \$80,000 \$80,001+

Language at Home: English Spanish

Child's Race: White African American Asian/Pacific Islander Multi-Race Other (please specify) _____

Child's Ethnicity: Latino/Hispanic

Consent

I give my child permission to go on Field Trips *[please sign attached permission form]*. Yes No

I permit the BGCSCC to utilize Photos/Videos of my child taken during their involvement in Club programs and hereby waive all rights of compensation. Yes No

I permit my child to have Internet Access in the computer lab and understand that this is a privilege that can be revoked if misused. Yes No

I give permission for a licensed physician to perform any medical service deemed necessary in the event I cannot be reached, and for a BGCSCC representative to transport my child if deemed necessary. Yes No

I give permission for my child to participate in activities in the downtown Club's indoor swimming pool. Yes No

I give permission for the Club to access my child's School Records to help them with their educational goals and homework *[please sign attached permission form]*. Yes No

I give permission for my child to participate in lifestyle programs (SMART Girls/ Passport to Manhood) *[please sign attached permission form]*. Yes No

• I give my child permission to join the Boys & Girls Clubs of Santa Cruz County and participate in its activities. **I understand that the decision to enter and exit from the Boys & Girls Clubs of Santa Cruz County is up to the parent/guardian and Club member.** I release the Boys & Girls Clubs of Santa Cruz County of responsibility for injury, accident or loss of belongings while my child is participating. I give my child permission to participate in Club program evaluation surveys.

• **I have received a copy of the Membership Orientation and agree to the Club policies it describes.**

Parent/Guardian Signature

Club Member Signature

Date



Optional Permission Forms

The following are optional permission forms for your child to participate in special programs at the Club.
For more information, please contact the Program Director.

Please sign and date below to indicate if you are giving permission.

Field Trips

Yes, I give permission for my child _____ to attend Club field trips. I understand that my child will be informed of appropriate behavior and is expected to obey the rules and procedures of the trip. Any unacceptable behavior may cause suspension from future field trips.

I authorize the Boys & Girls Clubs of Santa Cruz County as agents for the undersigned, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I waive all claims against the Boys & Girls Clubs of Santa Cruz County (or its agents, officers or employees) in the case of injury, accident or illness occurring during or by reason of the field trip or excursion.

Parent/Guardian Signature

Date

Accessing School Records

Yes, I give permission for the Boys & Girls Clubs of Santa Cruz County to access my child's school records to help them with their educational goals and homework while at the Club.

(Optional) I would also like to provide my child's teacher's contact information:

Teacher's Name: _____

Phone #: _____ Email address: _____

Parent/Guardian Signature

Date

Lifestyle Programs (SMART Girls/Passport to Manhood)

Yes, I give my child permission to participate in the Club's lifestyle programs (SMART Girls/Passport to Manhood). I understand that SMART Girls is designed for girls ages 8-12 and 13-15 and Passport to Manhood is designed for boys ages 8-12 and 13-15. The programs will include discussion of tough issues such as self-esteem, peer pressure, drugs, sex, school, parents, teachers, brothers, and sisters (anything members need/want to talk about). Age will determine how far topics will be discussed.

Parent/Guardian Signature

Date

