Fortuna Parks & Recreation
2017 Hot Shot Basketball League Information

Parents should read and understand this form before registering their child for Hot Shots Basketball.
PLEASE NOTE WE WILL NOT BE ABLE TO HONOR YOUR SPECIAL REQUEST!

League – Registration accepted between November 1, 2016 – January 6, 2017.
For boys & girls in grades kindergartner (child must be 6 years old by the start of the league) through 4th grade.
Games are played at the Fireman's Pavilion and the Toddy Thomas School.
**** League begins on Saturday, January 28, 2017***

Cost – The cost to register is as follows:

- $35 for the first child
- $30 for each additional sibling

No registration will be allowed **after** January 6th.
ABSOLUTELY NO EXCEPTIONS!

Volunteering for Coach – This program isn't possible without generous parents volunteering to coach their child's team. There are a few responsibilities for agreeing to be a coach; contacting all players of game time for first game, coaching the team for 6 weeks, handing out t-shirts and schedules the first day. Depending upon sign ups we might not need all volunteers.

Uniform – Each participant will receive a T-shirt as their game jersey. Shorts or sweats are recommended. T-shirt sizes tend to run small. Regular tennis shoes are acceptable.

Hoop Heights – Grades K-2nd: 7 feet; Grades 3-4: Girls – 8.5 feet and Boys – 10 feet

Request for Coaches – We **DO NOT** honor request for your child to be placed with a certain coach or for ride sharing. All Coaches will coach his/her own child.

Siblings – Siblings that are eligible to play in the same league can play on the same team if you so desire. Please note on your registration forms that you want your children to play on the same team.

Contact From Your Coach – Coaches will pick up their packets starting on Friday, January 20. Please do not call the Park Office unless you **HAVE NOT** received a phone call by the afternoon of Thursday, January 26th.

Practices and Games – Teams will practice prior to their game time on Saturdays only. If your schedule or the call from your coach says to be at location at 9am. You will have a 25 minute practice then your game starts at 9:30am. Your child is your responsibility if he/she leaves the gym during the games to use the restroom or get water.

Drinks – All participants are encouraged to bring a water bottle with their name on it to every game. We would like parents to know ahead of time to not bring in coffee or food on to the gym floors. Water bottles are allowed.

Snacks – Please serve outside the building after your game. This allows the next team to enter the building and start practicing.

Refund Policy – All programs have a minimum number of participants in order to be conducted. Fortuna Parks & Recreation reserves the right to cancel, combine, alter dates and times, or make any other revision which may be necessary in regards to programs or classes. All refunds will be made by the following guidelines:

- **Cancelled Program** – If Parks & Rec cancels a program, the participant will receive a full refund.
- **Before Program Begins** – Refunds will be made only when the refund is requested at least three weeks in advance of the first league date, provided that it does not reduce the participation level below the required minimum.
- Refunds will be returned according to the City of Fortuna's bill paying schedule, requested refund checks take approximately two to three weeks to process. Refunds will be mailed from the City of Fortuna's Finance Department to your residence. Cash refunds will not be issued.

PLEASE NOTE WE WILL NOT BE ABLE TO HONOR YOUR SPECIAL REQUEST!

Fortuna Parks & Recreation
5 Park Street
Fortuna, CA 95540
707-725-7620
www.friendlyfortuna.com

2017 Fortuna Hot Shots Basketball Registration Form

Please print clearly. Parents may only register their own children. Please complete a separate form for each child.
Use blue or black ink only.

PLAYER INFORMATION

Last Name	First Name	Grade	Birth Date	M / F	School

How many years has your child participated in our basketball program: (*Circle one*)
First yr 2 yrs 3 yrs 4+ yrs

Shirt size: *(Circle One)*
Youth ~ Small Med Large
Adult ~ Small Med Large XLarge

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MOTHER/GUARDIAN First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ (to contact you with next year's info)

FATHER/GUARDIAN First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ (to contact you with next year's info)

CHILD'S ADDRESS: Mailing Address: _____

City _____ State _____ Zip Code _____

Does child live with: ⬭ mother ⬭ father ⬭ both parents

Don't forget to sign.

Do you want siblings on same team? ⬭ No ⬭ Yes - List sibling's Name: _____

If parents live in separate households, the parent the child lives with will be the contact for the coach. It will be the parents' responsibility to contact the other parent about game times. Thank you.

PLEASE NOTE WE WILL NOT BE ABLE TO HONOR YOUR SPECIAL REQUEST!

Parent/Guardian Signature: _____ Date: _____

* VOLUNTEER COACHES NEEDED *

If you, a family member or friend is interested in coaching basketball, please check here. _____ If YES, please complete information below. (No experience needed). If NO, would you be interested in being an assistant coach. _____

Coach's Name	Cell Phone	Shirt Size

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Parents' Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Code of Ethics.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.

I will place the emotional and physical well-being of my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will demand a drug, alcohol and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.

I will remember that the game is for children and not for adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach agrees to the youth sports Coaches' Code of Ethics.

_____
Child's Name

_____
Parent's Printed Name

_____ _____
Parent's Signature Date

CITY OF FORTUNA
WAIVER OF LIABILITY, MEDICAL RELEASE AND INDEMNIFICATION AGREEMENT
MINOR

Activity: FORTUNA PARKS & RECREATION HOT SHOTS BASKETBALL

Held at the Firemen's Pavilion and Toddy Thomas gyms. Activities may include running, jumping, physical contact between participants and strenuous physical activity. Activities are supervised by City Personnel.

Printed Name of Minor Participant: _____

Minor Participant's Date of Birth: _____

In consideration of the named minor child being permitted by the City of Fortuna to participate in the above-described activity, each of us waives, releases and discharges any and all claims and damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity. This release is intended to discharge, in advance, the City of Fortuna, its officers, employees, agents and volunteers, from and against any and all liability arising out of, or connected in any way with, the participation of the minor child in said activity, even though that liability may arise out of negligence or carelessness on the part of the City of Fortuna, its officers, employees, agents and volunteers.

Each of us understands 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-described activity; and that participants in the above-described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, each of us has requested permission for the minor child to participate in the above-described activity and each of us hereby agrees to assume any and all risks of injury and to release and hold harmless the City of Fortuna, its officers, employees, agents and volunteers, who through negligence, carelessness, or any other act or omission might otherwise be liable to me or said minor child. It is further understood and agreed that this waiver, release, and assumption of risks is to be binding on the heirs and assigns of each of the undersigned.

Each of us further agrees to indemnify and to hold the City of Fortuna, its officers, employees, agents and volunteers free and harmless from any loss, liability, damage, cost, or expense which may be incurred as a result of any injury and/or property damage that said minor may sustain while participating in said activity.

Each agrees, in the event said minor requires medical or surgical treatment while under the supervision of City of Fortuna's personnel, in connection with the above-described activity, such supervisor may authorize treatment. each of us also agrees to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.

WE/(I) HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. IT IS UNDERSTOOD THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE UNDERSIGNED AND THE CITY OF FORTUNA AND THAT THE SIGNATURES HEREIN HAVE BEEN GIVEN VOLUNTARILY.

Date Signed: _____

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____

Parent or Legal Guardian's Relationship to Minor Participant: _____