



# Yorba Linda Basketball

## *Winter League '12*

### **SKILLS AND DRILLS CLINIC Boys and Girls - Grade K-2**

#### **Fees and Registration:**

A waiting list will be formed when all spots are filled. Don't miss out.  
Arrive on the first day with a registered friend and be on the same team!

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| <b><u>FEES:</u> Skills &amp; Drills Clinic (Gr. K, 1 &amp; 2):</b> <b>\$75 per player.</b> |
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**REGISTRATION ENDS DECEMBER 31, BUT A WAIT LIST WILL BE FORMED WHEN ALL SPOTS ARE FILLED. DON'T MISS OUT!**

**ONLINE:** [www.YorbaLindaBasketball.com](http://www.YorbaLindaBasketball.com). Visa/MC, no service fee.

*Skills & Drills Clinic (Gr. K, 1 & 2) Deadline Dec. 31.*

**BY MAIL:** *Skills & Drills Clinic (Gr. K, 1 & 2):* Postmarked by Dec. 31.

**REFUNDS:** (Less a \$10 Non-Refundable processing fee.) 100% by Dec. 31. No refund on/after Jan. 1.

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### **FAST FACTS**

**SKILLS & DRILLS CLINIC (Gr. K, 1 & 2):** This eight week clinic teaches the fundamentals of basketball in a fun, supportive, hands-on learning environment. Dribbling, passing, shooting, rebounding and team play are emphasized in small groups. On the third week, games begin. All sessions/games take place on Saturday mornings Jan. 7 - Feb. 25 at a local gym (either Thomas Lasorda, Jr. Field House or Travis Ranch gym — location to be determined and players will be notified.)

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| Session dates: Saturday mornings, January 7 - February 25, 2012 |
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| Session times: Grades K & 1: 8 a.m. - 9 a.m. |
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| Grade 2: 9:15 a.m. - 10:15 a.m. |
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No additional practices.

Players receive a YLB T-shirt, a ball & trophy.

***Parent volunteers encouraged.***

**Registration ends Dec. 31. \$75.**

Yorba Linda Basketball also offers a League Play program for grades 3-12, and a Challenger Division for special needs players. For more information about these programs, please visit our website.

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| Yorba Linda Basketball 21520 Yorba Linda Blvd., Ste. G-544, Yorba Linda, CA 92887. (714) 777-3553.<br><a href="http://www.YorbaLindaBasketball.com">www.YorbaLindaBasketball.com</a> |
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# YORBA LINDA BASKETBALL - PLAYER REGISTRATION

Please print clearly and furnish ALL information. Mail this form with your payment to:  
Yorba Linda Basketball • 21520 Yorba Linda Blvd., Ste. G-544 • Yorba Linda • CA • 92887

## SKILLS & DRILLS CLINIC (GR. K, 1 & 2) \$75

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M/F: \_\_\_\_\_ Grade \_\_\_\_\_\*\*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Yrs. in YLB: \_\_\_\_\_

\*\*All Players must play at their grade level. Exceptions by prior board approval only. Violators may be withdrawn from the program without refund.

### CONSENT AND INFORMATION

On behalf of \_\_\_\_\_ (player's name), my minor child, I hereby apply for his/her participation in Yorba Linda Basketball (YLB) and request YLB accept this application. I hereby warrant that both myself and my child are familiar with the risks associated with participation in the active sport of basketball and that all furnished information is true and correct. Furthermore, I warrant that my child is active, in good health and able to play basketball. I hereby agree and consent to my child's participation in YLB during the season and also assume all risks and hazards which are incidental to the conduct of the relative activities. I hereby release, absolve, indemnify and hold harmless YLB, a California non-profit corporation, its officers, directors, employees, agents and any of them, their sponsors, and organizers of any and all liability or damage, injury or expense of any kind arising out of or connected with my child's participation in the YLB League. I further understand that in the case of a medical emergency, my own person medical plan will be used prior to the insurance provided through the YLB League. Participation in competitive athletics may result in serious injury. It is impossible to totally eliminate such occurrences from competitive sports. Players can reduce the risk of serious injury by obeying all safety rules, following a proper conditioning program and maintaining their equipment properly. EVEN IF ALL THESE REQUIREMENTS ARE MET AND THE ATHLETE IS IN EXCELLENT PHYSICAL CONDITION WITH PERFECT EQUIPMENT, A SERIOUS ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION IN THE YLB PROGRAM BY MY CHILD, I ACKNOWLEDGE THAT I HAVE READ THIS CONSENT FORM AND KNOWINGLY, ON BEHALF OF MY CHILD, ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATING IN ANY WAY IN THE YLB LEAGUE.. I further give permission for my child's photos to be featured in YLB publicity, including the website, YLB publications and announcements to the media, unless I have notified the league in writing.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### HEALTH AND EMERGENCY INFORMATION

If the above named player needs emergency medical treatment and neither parent nor family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Special notation regarding medical condition: \_\_\_\_\_

### PARENT VOLUNTEER INFORMATION

Yorba Linda Basketball is an all-volunteer league. We encourage your volunteerism! The Skills and Drills Clinic program can use your support in the following areas. Please let us know if you can assist by indicating your interest:

I can help with: Coach: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_ Website maintenance: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Board Member: \_\_\_\_\_ General Help: \_\_\_\_\_ Other (specify): \_\_\_\_\_ Your name & daytime ph. #: \_\_\_\_\_

#### FOR LEAGUE USE ONLY

Date Rec'd: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Amt: \_\_\_\_\_ CLINIC 1: \_\_\_\_\_ CLINIC 2: \_\_\_\_\_