



BOYS AND GIRLS YOUTH BASKETBALL LEAGUE GRADES 3-6

JANUARY 3 - MARCH 7, 2009

ALL GAMES TO BE PLAYED SATURDAYS AT LOS GATOS HIGH SCHOOL OR FISHER MIDDLE SCHOOL GYMNASIUM AS SCHEDULED
 One hour of evening practice will be held once a week (Most on FRIDAY) beginning the week of December 1 (10 games/13 practices)

REGISTRATION: Special Evening Registration: Mon., Oct. 13, 2008 6:00 – 7:30 PM, Los Gatos Recreation Center RM C, 123 E. Main St.
 Mail & Fax Registration Begins: Mon. Oct. 20, 2008 **PHONE IN OR ON-LINE REGISTRATION NOT ACCEPTED!!!!**
 Walk-In Registration Begins: Mon., Oct. 20, 2008 Recreation Department Office Hours: M-F 7:00 AM - 4:00 PM
****REGISTRATION DEADLINE: Fri., Nov. 7, 2008 OR UNTIL FILLED**

COST: \$104.00 (includes T-shirt & picture) **PROGRAM NO.:** 4684.101 - Grades 3 & 4
 \$ 5.00 Non-resident Fee 4685.101 - Grades 5 & 6

Leagues fill rapidly. Early registration is strongly encouraged!

Techniques taught: Dribbling, Shooting, Passing, Offensive, Defensive Maneuvers, and Teamwork.
 Time will depend on volunteer coaches schedule. The leagues could become Coed depending upon the numbers registered.

ONE FORM PER PARTICIPANT

TO REGISTER, PLEASE COMPLETE FORM BELOW AND RETURN TO LGS RECREATION

Head of Household - Last Name:	First:	
Address:	City	Zip:
Phone - Day:	Night:	
e-mail address:		
Emergency Phone:	Emerg. Contact:	

The undersigned, in consideration of participation in this program, agrees to indemnify and hold the Community Education and Recreation Department harmless and release the Department from any and all liability for any injury which may be suffered by the below named individual registered in this program, arising out of, or in any way connected with participation in this program. I HAVE READ THE ABOVE APPLICATION AND AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES RECEIVED.

(Parent) or (Guardian) – Signature: _____ Date: _____

Participant's Name	Se x	Date of Birth	Prog . No.	Pro g. Fee	Non- Res. Fee	Total Fee	Grad e	School
Last: _____ First: _____				\$99	if appl \$5			
SHIRT SIZE (Circle One)	Youth	M L XL	Adult	SM M L	HEIGHT:			
ABILITY/EXPERIENCE	(Circle One) Beginner/Novice			Advanced Beginner	Intermediate	Highly Skilled		
Visa or Mastercard Credit Card:	Name as it appears on the card:					Exp. Date:		

IF POSSIBLE PLEASE PLACE ON SAME TEAM AS: _____ (one participant only)/with coach _____

PLEASE PLACE MY SON OR DAUGHTER ON A MOUNTAIN TEAM PRACTICING AT C.T.ENGLISH GYM IF POSSIBLE (Circle) YES

WE NEED VOLUNTEER COACHES/ASSISTANT COACHES. ARE YOU INTERESTED IN COACHING/ASSISTING (Circle) YES

Has participant played in Los Gatos Youth Basketball Leagues? (Circle one)	Yes	No
--	-----	----