

# SAN FERNANDO ATHLETICS

## BASKETBALL SIGN-UP 2016-2017 Season

### Boys and Girls grades Kindergarten - 12<sup>th</sup>

#### Sign up May 1, 2017 - August 1, 2017

The San Fernando Valley Japanese American Community Center Athletics Association invites you to join one of our Boys or Girls basketball teams. The Boys basketball teams participate in the Crescent Bay Optimist Sports League (CBO), and Girls basketball teams participate in the Japanese American Optimist Girl's Basketball League (JAO). Practices are held at the Community Center and/or at local middle and high school gyms.

The SFVJACC and the Athletics Association thank you for your continued participation. We know this coming season will be as enjoyable as seasons past. **Every player, new and returning, must submit this completed registration form and payment to be placed on a team by September 1st.**

- Boys and Girls in grades Kindergarten through 12<sup>th</sup> are eligible to play.
- Volunteerism is key to the success of this program. Family participation in the Athletics fundraisers is required to keep the program running. The two mandatory fundraisers are Pancake Breakfast (March) and Obon (June).
- **\$65** per player registration fee and **\$60** per family annual SFVJACC membership fee is due with this registration form. Cash or checks payable to *SF Athletics*.
- League and uniform fees will be collected at the beginning of the season by team parent representative.

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**Check if Boys or Girls Sign-Up:** BOYS  K-8  9-12 Prep  
 GIRLS  K-8  8-12 Prep

**New:** \_\_\_\_\_ **Returning:** \_\_\_\_\_ **If returning, team played with last year:** \_\_\_\_\_

*(Use one form per child)*

**Mail Sign ups to: Boys: Gary Ogimachi** 18247 Chase St., Northridge, CA 91325 email: KLaMarsna@yahoo.com  
 (818) 760-7215 (home) (cell) (818) 522-1481  
**Girls: Darlene Yamauchi** 18167 Karen Dr. Tarzana, CA 91356 email: DMYama14@gmail.com  
 (818) 344-6885 (home) (cell) (818) 317-1672

Please print

PLAYERS NAME: \_\_\_\_\_ SCHOOL GRADE IN SEPT: \_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**NEW PLAYER or if any information has changed from previous year, please complete below:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

**If multiple children are participating in the program, \$60 CC Family Membership fee is paid through which team:**

**Team Name:** \_\_\_\_\_

For Registrar use: \$60 CC Family Membership Fee: Cash or Check # \_\_\_\_\_ \$65 Player Fee: Cash or Check # \_\_\_\_\_