



SF ATHLETICS BASKETBALL REGISTRATION

Boys and Girls Kindergarten – 12th Grade
2019 – 2020 Season

The San Fernando Valley Japanese American Community Center Athletics Association invites you to join one of our boys or girls basketball teams. The K-1st and all boys' basketball teams participate in the Crescent Bay Optimist Sports League (CBO), and girls' basketball teams participate in the Japanese American Optimist Girls' 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 by August 1st to be placed on a team.**

- Boys and girls entering kindergarten through 12th grade are eligible to play.
- **There are two mandatory fundraisers, Pancake Breakfast (March) and Obon (June).** Volunteerism is key to the success of this program. Family participation in the Athletics fundraisers is required to keep the program running.
- **\$100** 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.
- Additional league and uniform fees will be collected at the beginning of the season by team parent representative.

New players – Please mail printed forms and payment to the current commissioners (listed below).

Returning players – Please give forms and payment to your team parent.

All K– 1st grade and Boys (all grades):

SFVJACC Athletics
Attn: Dana Chow
12953 Branford Street
Pacoima, CA 91331
Phone: (818) 899-1989
Email: SFAthletics@gmail.com

Girls 2nd – 12th:

SFVJACC Athletics
Attn: Leslie Shirasawa
12953 Branford Street
Pacoima, CA 91331
Phone: (818) 899-1989
Email: DKYZIG@aol.com

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



SF ATHLETICS PLAYER INFORMATION

(Use one form per child)

Please check one: BOYS: K-8 9-12 Prep
GIRLS: K-8 8-12 Prep

New: Returning: Team Name: _____

Player's Name: _____ School Grade in September: _____

Age: _____ Birthdate: _____ Phone Number: _____

Address: _____

City: _____ Zip: _____

Father's Name: _____

Email: _____ Cell Phone: _____

Mother's Name: _____

Email: _____ Cell Phone: _____

Insurance Carrier: _____

Does your child have and disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

Yes: No: If yes, please describe: _____

In case of emergency for which I cannot be reached, please contact:

Name: _____ Relationship: _____

Address: _____ Cell Phone: _____

I am aware that basketball is a strenuous sport and that participation in basketball games, training, and conditioning can result in physical injuries, such as sprains, broken bones, head injuries, etc. I am fully familiar with my child's medical and physical condition. My child has no illness or other medical condition which prevents him or her from fully participating in a vigorous sport such as basketball or which would be aggravated or exacerbated by or otherwise result in a worsening of my child's medical or physical condition due to his or her participation in basketball games, training, or conditioning. I understand that San Fernando Valley Japanese Community Center (SFVJACC), SFVJACC Athletics and the coaches, assistant coaches, parents, and other team members acting in such capacities or in the capacity of activity supervisors will rely on the foregoing representations. For and in consideration of my child being permitted to participate in SFVJACC Athletics, Japanese Optimist Organization (JAO), Crescent Bay Optimist (CBO) and its affiliated organizations, and in their basketball games, training, and conditioning. I voluntarily waive, release, and discharge and relinquish for myself and my family, including my child, our heirs, successors and assignees, any and all liability, claims, suits, actions or causes of actions against the SFVJACC, SFVJACC Athletics their respective officers, agents, and employees, and the coaches, assistant coaches, parents, and other team members, for personal injury, death, or property damage occurring to my child arising from my child's participation therein and in any activity incidental thereto wherever or however the same may occur, and whether the same may arise from the negligent acts or omissions of any of said persons, or otherwise.

I, the undersigned, parent (legal guardian) of _____, minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor, under the instructions of the registered leaders of SFVJACC or coaches of SFVJACC/CBO/JAO, as provided for in Section 25.8 of California Civil Code. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage the registered leaders of SFVJACC or coaches of the SFVJACC/CBO/JAO to exercise their judgment as to the requirements of such diagnosis or medical or surgical treatment. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. Additionally, I hereby authorize the SFVJACC Athletics to use the name and likeness of my child in non-commercial promotional materials about the SFVJACC Athletics Program.

I have read all the forgoing and am fully aware of the legal consequences of signing this document.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____