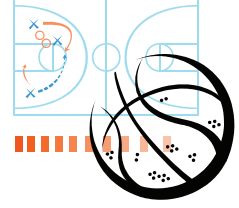
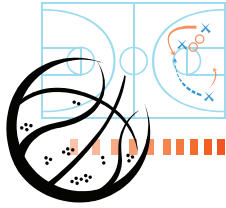


PIEDMONT RECREATION DEPARTMENT

358 Hillside Avenue, Piedmont, CA 94611

(510)420-3070 Phone (510)420-3027 Fax



2009-2010

Piedmont 5th Grade Boys Basketball League

- WHO:** All Piedmont 5th grade Boys. **Also open to non-residents on a space available basis.**
- WHAT:** An intramural basketball league exclusively for 5th Grade Boys. All players will be evaluated before the season. Players will then be assigned to teams based upon these evaluations with a goal of achieving overall balance throughout the league.
- WHEN:** The league will commence in November and conclude in February with a tournament. Practices and games will be held on Monday and Wednesday evenings at either 6:00, 7:00, or 8:00pm. A few games and practices will be held on Friday, Saturday and Sunday.
- FEE:** \$150.00 residents and \$175.00 non-residents.
Please make check payable to the Piedmont Recreation Department.
Fee is non-refundable. You may also pay by Credit Card. (see below)
- SIGN-UPS:** Please bring or mail your registration forms to the Piedmont Recreation Department 358 Hillside Avenue, no later than Thursday, **October 15, 2009.**
- Coaches:** The Recreation Department requires coaches, (paid or volunteer 18 years and older) to be fingerprinted prior to working in this program.

Mandatory evaluations will be held on Wednesday, October 28, 6:30 - 8:00 p.m. in the Morrison Gym

I, the undersigned, in consideration of my child's voluntary participation in the 2009-2010 5th Grade Basketball Program, assume all risk and do hereby agree to indemnify and hold harmless and release and discharge for any and all claims the City of Piedmont, the Recreation Department, and its employees an agents including paid staff and volunteers, from any injury or loss which may be suffered by the above named individual arising out of or in any way connected with his or her participation in this program. I hereby attest that I understand that participation in athletic programs includes certain risks including serious injury. I also acknowledge that the Recreation Department may use photographs or video of my child in promotional materials. If you do not want your child's photograph used, please contact the Recreation Department. I, as the parent or legal guardian, understand that I am waiving important legal rights and also understand that the fee for this program is non-refundable.

Child's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Emergency Phone _____

Parents Email Address _____

School _____ Child's Height _____ Child's Weight _____

Parent/Guardian (Print) _____

Signature _____

Note: Adult volunteer coaches are required to insure the success of this program. Can you help?

Yes, I can help: _____
Name _____ Daytime Telephone _____

For your convenience you may pay by credit card.

Visa ___ MC ___ AMEX ___ Card Number _____ Exp. _____