

## Summer Basketball • Spring Volleyball

### Youth Sports Philosophy

The primary objective of Youth Sports Program is to let the children have fun. Secondly, it is to teach skills and strategies related to sports in a manner designed to develop self-confidence and improve physical abilities and conditioning. We are here to teach the children how to win as a team and as individuals by building character and self-esteem. This kind of winning is not always reflected in the score or standings, but is seen in the development of the child as a player and in the team as a unit.

### Youth Sports Refund Policy

Full refunds are granted prior to ratings/tryouts only. A \$15 service fee will be assessed after the teams have been formed. There will be no refunds granted after the second game of the season.

### Special Request

Special requests will only be considered for the Mighty Mite Co-ed Division. These requests are not guaranteed.

### Officials Needed!

Officials must be at least 16 years old, and will be paid between \$10 and \$25 per game. Potential officials must be available to work on Saturdays and attend two mandatory trainings. For more information, please call the Youth Sports Office at (661) 250-3756.

### Coaches Needed!

If you would like to coach, or would like information about coaching, please fill out the appropriate space on page 52, or contact the Youth Sports Office at (661) 250-3756. Potential coaches must be available at least two hours a week and attend two mandatory meetings. All coaches must attend Positive Coaches Alliance training. Coaches receive rosters, uniforms, rules, and equipment at the coaches meeting.

### Resident/Non-Resident

There are two ways to check if you live within City limits:

1. Log on to the City web site at [santa-clarita.com/seasons](http://santa-clarita.com/seasons)
2. Call the Youth Sports office at (661) 250-3756.

**If your payment is received and is determined that you are a non-resident, your application will not be processed until the correct fees are received.**

### SUMMER BASKETBALL

<b>Ages:</b>	Children born in 1994-2003
<b>Registration Dates:</b>	March 29-April 23, 2010 (Postmarked no earlier than March 27, 2010) (mail-in and online registration only)
<b>Fees:</b>	Residents: \$101 Non-Residents: \$149
<b>Season Dates:</b>	June 19– August 7, 2010
<b>Game Days &amp; Times:</b>	Saturdays, 8:00 a.m. to 6:00 p.m., and Monday through Friday evenings 5:00 to 9:00 p.m.

### SPRING VOLLEYBALL

<b>Ages:</b>	Children born in 1995-2000
<b>Registration Dates:</b>	February 22-March 19, 2010 (Postmarked no earlier than February 20, 2010) (mail-in and online registration only)
<b>Fees:</b>	Residents: \$101 Non-Residents: \$149
<b>Season Dates:</b>	April 10-June 5, 2010
<b>Game Days &amp; Times:</b>	Saturdays 8:00 a.m. to 2:00 p.m., and Thursday and Friday evenings 5:00 to 9:00 p.m.

**Fee Includes uniform and award; pictures are available for purchase during the season.**

### Summer Basketball Skills Assessment

Mandatory ratings will be held for players born in 1994-2001. They will take place on Saturday, May 15, 2010. You will be notified by mail (or email) as to the exact day and time. If you do not receive a rating schedule in the mail by May 10, 2010, it is your responsibility to contact the Sports Office at (661) 250-3756 to find out your rating day and time. Please refer to information enclosed with your receipt.

### Spring Volleyball Skills Assessment

Mandatory ratings will be held for players born in 1995-2000. They will take place on Friday, March 19, 2010. You will be notified by mail as to the exact day and time. If you do not received a rating schedule in the mail by March 12, 2010, it is your responsibility to contact the Sports Office at (661) 250-3756 to find out your rating day and time. Please refer to information enclosed with your receipt.

### In order to process your child's registration, you will need to submit the following:

- Players' information and payment, completed and signed (if applicable)
- Volunteer Coaches information (optional)
- Waiver completed and signed
- The Parent's Code of Conduct completed and signed

### Important

1. Practices will be held on weekdays, as early as 4:00 p.m. If your child is absolutely unable to attend the assigned practice time, you will be given a full refund. We will not be able to switch your child to another team.
2. If there is a brother or sister in the same age division, please mark this on the registration form, and they will be placed on the same team. This does not apply to cousins, nieces, nephews, etc.
3. Make checks payable to the City of Santa Clarita.
4. Registrations will be processed in the order received. A receipt and an information sheet will be mailed to you after your registration is processed. Enrollment is subject to availability.
5. Special requests such as carpooling, coaches, friends, etc. will not be considered for any division except the Mighty Mite Division (2002-2003).
6. Coaches have meetings on March 31, 2010 (Volleyball); and June 2, 2010 (Basketball). Please do not call regarding team placement until after April 5, 2010 (Volleyball) and June 7, 2010 (Basketball).
7. If you would like copies of rules or have questions about any of our youth sports programs, please e-mail us at [youthsports@santa-clarita.com](mailto:youthsports@santa-clarita.com)

Please complete both sides of this form (one form per child)

**Spring Volleyball Registration**

**AGES:** Children born in 1995–2000

**FEES:** Residents: \$101 (Non-Residents: \$149)

**SEASONS DATES:** April 10–June 5, 2010

**GAME DAYS & TIMES:** Saturdays, 8:00 a.m. to 2:00 p.m.,  
Thursday and Friday evenings 5:00 to 9:00 p.m.

**REGISTRATION DATES:** (Mail in and online registration only)  
February 22–March 19, 2010 (Postmarked no earlier than February 20, 2010)

Age divisions will be combined if enrollment requirements are not met

Please **circle** the correct Activity Code  
for your area according to the year born

Division / Gender / Year Born	Activity Code
Minor / Coed / 1999-00	2315.223
Major / Coed / 1997-98	2315.224
Senior / Coed / 1995-96	2315.225

**Summer Basketball**

**AGES:** Children born in 1994–2003

**SEASONS DATES:** June 19–August 7, 2010

**FEES:** \$101 per child (Non-Resident: \$149)

**GAME DAYS & TIMES:** Saturdays, 8:00 a.m. to 6:00 p.m., Monday  
through Friday evenings 5:00 to 9:00 p.m.

**REGISTRATION DATES:** (Mail in and online registration only): March 29–April 23, 2010 (Postmarked no earlier than March 27, 2010)

Please **circle** the correct Activity Code for your area according to the year born

**Newhall/Valencia/Canyon Country**

**Saugus/North Valencia**

Division / Gender / Year Born	Activity Code	Activity Code
Mighty Mite / Co-ed / 2002-03	2332.312	2337.312
Junior / Boys / 2000-01	2332.313	2337.313
Minor / Boys / 1998-99	2332.314	2337.314
Division / Gender / Year Born	Activity Code (All Areas)	
Major / Boys / 1996-97	2337.315	
Senior / Boys / 1994-95	2337.316	
Junior / Girls / 2000-01	2337.317	
Minor / Girls / 1998-99	2337.318	
Major / Girls / 1996-97	2337.319	
Senior / Girls / 1994-95	2337.320	

**YOUTH SPORTS PAYMENT INFORMATION** (please check all boxes that apply for player listed below and tally applicable fees in fee column)

Spring Volleyball Payment Information	Summer Basketball Payment Information	FEES:
<input type="checkbox"/> League Fee: \$101 Resident or <input type="checkbox"/> League Fee: \$149 Non-Resident	<input type="checkbox"/> League Fee: \$101 Resident or <input type="checkbox"/> League Fee: \$149 Non-Resident	League Fee Total: \$ _____
<input type="checkbox"/> Please add \$2.00 to my registration fee to enable underprivileged youth to participate in City Programs. I understand that this is a voluntary donation.		\$ _____ 2.00
<b>TOTAL All league fees and optional donation &gt;</b>		<b>TOTAL: \$ _____</b>

PLAYER'S NAME (PLEASE PRINT)		PHONE#	CELL #
PARENT'S NAME		EMAIL ADDRESS	
ADDRESS		CITY	ZIP
BIRTH DATE	SCHOOL	GRADE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
BROTHER/SISTER IN SAME AGE DIVISION (NAME)			
FORM OF PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> *CHECK/MONEY ORDER <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER			
* Please make checks payable to City of Santa Clarita			
CARDHOLDERS NAME		CREDIT CARD NUMBER	
CARD HOLDERS SIGNATURE			EXP. DATE
* If You Are Paying By Check Please Include The Following Information		DRIVER'S LICENCE#	STATE ISSUED

**Include the following with your registration:**

- Players Information and Payment
- Volunteer Coaches Information (optional)
- Waiver–Completed and Signed (on back side of this form)
- Parent's Code of Conduct–Completed and Signed (on back side of this form)

**Mail form to:** City of Santa Clarita Sports Complex – Aquatic Center  
Attn: Registration  
20850 Centre Pointe Parkway  
Santa Clarita, CA 91350

I voluntarily agree to participate, or for my children to participate, in this or these programs. I hereby waive, release, and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the above named activity, against the Supervisor, City of Santa Clarita and its elected and appointed officials, agents, and employees. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of Santa Clarita Parks, Recreation, and Community Services Department to use my or my children's photographs as they see fit in their seasonal recreational brochure. I understand the photograph belongs to the City and I will not receive payment of any kind.

Parent / Guardian Name (please print) \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTEER COACHES NEEDED - SIGN UP BELOW

**Coaches:** Co-Coach combination requests will be considered, but are not guaranteed.

Coach's Name (please print) \_\_\_\_\_ Shirt Size \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone # \_\_\_\_\_

Check One:     Head Coach     Co-Coach \_\_\_\_\_ (Non-drafted divisions only)



### YOUTH SPORTS PARENTS' CODE OF CONDUCT



- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game and practice.
- I will maintain a "fun is No. 1" attitude.
- I will treat officials, coaches, my child(ren), their teammates, and their opponents with respect and avoid ridicule or sarcasm.
- I will praise my child(ren), their teammates, and opponents just for participating, regardless of their athletic skills.
- I will remember to look for positives with my child(ren), their teammates, and their opponents.
- I will remain calm when my child(ren), or their teammates make a mistake, and help them learn from their mistakes.
- I will remind my child(ren), and their teammates not to get down on themselves when things do not go well.
- I will try not to take myself too seriously when it comes to my involvement in youth sports, reminding myself that youth sports are for children, not adults.
- I will remind myself and my child(ren) to laugh and keep a sense of humor.
- I will emphasize teamwork in team sports with my child(ren), teaching them to think "we" instead of "me."
- I will teach my child(ren) by giving them a good example of sportsmanship:

**Winning without gloating**

**Losing without complaining**

It is imperative that parents conduct themselves in a proper manner. Use of profanity, verbal, or physical harassment towards officials, staff, coaches, or players, will not be permitted. I understand that failure to abide by the above code of conduct may result in parents being asked to leave the premises, and possibly excluded from attendance at future games.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_