



City of Galt, Parks & Recreation Department  
 610 Chabolla Ave., Galt, CA 95632  
 (209) 366-7180  
<https://apm.activecommunities.com/galt>



# 4<sup>th</sup> GRADE BOYS BASKETBALL

Registration: September 9 - October 14, 2019  
 Late registration: October 15 - October 21, 2019 (\$25 Additional Fee)

## COST \$75

PLEASE MAKE CHECKS PAYABLE TO: **CITY OF GALT**

Player's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**GAMES MAY BE PLAYED MONDAYS - SATURDAYS (DECEMBER - FEBRUARY)**

**4<sup>th</sup> GRADE BOYS PLAYERS WILL BE SELECTED BY CENTRAL DRAFT.**

**TRYOUTS: 10/29/19 6:00PM @ Chabolla Community Center**

**NO COACH OR PLAYER REQUESTS WILL BE ACCEPTED (EXCEPT SIBLINGS).**

**SHIRT SIZE REQUESTED: (please circle one size) YOUTH SIZES RUN SMALL!**

Youth Small (6-8)      Youth Medium (10-12)      Youth Large (14-16)      YXL

Adult Small      Adult Medium      Adult Large      Adult Extra Large

Please complete both sides



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## **PARTICIPANT AGREEMENT**

I give my permission for my child (“Participant”) to participate in the above mentioned activity, sport or class sponsored by the City of Galt Department of Parks and Recreation (“Department”). I understand and agree, on behalf of the Participant and myself as parent/guardian, to abide by the rules and regulations as of the Galt Parks & Recreation Commission and the Department in the recreational activities mentioned above.

I understand that there are inherent risks in this activity, sport or class and that the City shall not provide insurance. Therefore, I agree, on behalf of the Participant and myself as parent/guardian, to save, keep and hold harmless the City, its officers, agents, employees and volunteers from all claims, demands, suits, causes of action, proceedings, damages, injuries, losses and liabilities of any kind, including, without limitation, bodily injury, in law or equity, resulting from or in any way arising out of or related to the Participant’s participation in this activity, sport or class. Further, I agree that the City will not be held liable for any accident, loss or damage, including, without limitation, bodily injury, to the Participant while participating in this activity, sport or class.

This Participant Agreement shall be considered effective as of the date and time filed with the Department.

Refund requests will not be honored if it has been more than 90 days since registration and/or if the class/activity has begun. For every refund request that is processed, your amount will be reduced by \$17.00 for the service fee.

PARENT/GUARDIAN/PARTICIPANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Please complete both sides**