



YOUTH SPORTS



BOYS & GIRLS BASKETBALL CLUBS (grades K-2)

Superstars (K): Boys and girls will be introduced to the basic skills and rules of basketball. Practices also include: terminology of the sport, positions on the court and individual player responsibilities (no games, just drills). Coaches pick up participants from their kindergarten classroom at dismissal time.

Rookies (1-2): Boys and girls will be introduced to the basic skills and rules of basketball through drills, game time situations and scrimmages (no games, just drills). Only participants enrolled in full-time CREST childcare will be picked up by their coach from their childcare room. Participants not enrolled in CREST childcare must meet their coach at the school's basketball courts at 3:00 PM.

BOYS & GIRLS BASKETBALL LEAGUES (grades 3-5)

Boys and girls will participate in a traditional sports league after school with practices twice per week and a game on Saturdays. Practices are structured to teach participants sportsmanship and the basic skills of basketball in preparation for upcoming league games. No playoffs for these leagues! Meet at school's basketball courts.

GRADE	SESSION NUMBER	PRACTICES
K Superstars	4203.400	Mondays 2:00 PM - 3:00 PM
1 - 2 Rookies	4203.401	Mondays 3:15 - 4:15 PM
3 - 4	Girls League: 4203.404	Tuesdays & Thursdays 3:00 PM - 4:30 PM
	Boys League: 4203.402	
5	Girls League: 4203.405	Wednesdays & Fridays 3:00 PM - 4:30 PM
	Boys League: 4203.403	

GAMES are on Saturdays
January 16– March 13
No games February 13
(Presidents Day)

View game schedule online
at:

CREST.smgov.net

ALL SPORTS COST: \$90*

**PRACTICES START THE
WEEK OF**

JANUARY 4, 2010

*\$60 for kids enrolled in
full-time CREST childcare

POLICIES

WHEN COMBINING PROGRAMS, SIGN UP FOR PLAYGROUND ACCESS TO INSURE THERE IS A SMOOTH TRANSITION. ALL YOU HAVE TO DO IS ADD IT TO YOUR REGISTRATION FORM!

PAYMENT METHODS: We accept Visa, MasterCard, Discover, Checks and Money Orders made out to City of Santa Monica.

FINANCIAL ASSISTANCE: Generous financial assistance is available based on a sliding scale. Low- to-moderate income families are encouraged to apply. To receive an application, visit: FAapplication.smgov.net

ACCESSIBILITY: The city of Santa Monica welcomes participants with disabilities in all of its programs. For more information or to request disability related accommodation, please call: (310) 458-8540.

REFUNDS CREST SPORTS AND CREST ENRICHMENT: A \$15.00 processing fee applies for each activity session refunded. Requests must be made in writing by submitting the refund request form to the youth office in person or by fax, mail or email. Refunds will be issued only if requested within one business day after the first class meeting.

REFUNDS FOR CREST CHILD CARE (4TH AND 5TH GRADERS): If you must withdraw your child from the CREST Childcare Program you are required to notify the Site Coordinator in writing by submitting the refund request form to program supervisor in person or by fax, mail or email one month prior to withdrawal. Fees are not prorated. If you plan on returning to the program, you will be charged the \$50 registration fee when you re-register.

REFUNDS FOR CAMPS: Refunds will only be issued with medical documentation or if requested within 5 calendar days prior to the first day of camp/session. Refunds will be prorated. A \$15.00 processing fee applies for each activity session refunded. Requests must be made in writing by submitting the refund request form to program supervisor in person or by fax, mail or email.

TO OBTAIN A REFUND REQUEST FORM VISIT: CREST.SMGOV.NET



REGISTRATION FORM

Please print and fill out completely. Proof of Santa Monica residency is required for resident rate. Please include a copy of current utility bill and photo ID.

Participant Information

Full Name First _____ Last _____

Male Female Birth Date _____ Age _____ Grade _____

School _____ Homeroom _____

Check if this is a new address, phone number or e-mail address

Custodial Parent Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-mail _____

Special Needs / Medications _____

Cultural / Ethnic Background (optional) _____

Payee Information (person paying for registration)

Full Name (First and Last) _____

Driver's License _____

Check if this is a new address, phone number or e-mail address
Complete if different than participant:

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ E-mail Address _____

For office use only

Date _____ Check _____ Receipt _____

SECTION A: Activities

List choices for classes only.

Session Number	Class / Activity Name*	1st Choice		2nd Choice		3rd Choice		Fee**
		Day	Time	Day	Time	Day	Time	
Total Fees								

* Includes camps, child care, classes and workshops ** Santa Monica residents, please include copy of current utility bill and photo ID

Refund Policy: Workshops, Camps and CREST Child Care (4th and 5th graders): Refunds issued only with medical documentation. A \$15.00 cancellation fee applies. Requests must be made in writing to the program supervisor, in person, or by fax, mail or email.

Classes: refunds issued only if requested within one working day after the 1st class meeting. A \$15 processing fee will be deducted for each refund. Requests must be made in writing to program supervisor, in person, or by fax, mail or email.

SECTION B: Release Authorization

Please list LOCAL adults over age 18 that we are authorized to release your child to in the event that you cannot be reached during an emergency.

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

My child may sign himself/herself in or out of camp at the end of the program day (My child must be at least 12 years old). YES NO

SECTION C: Form of Payment

Check (For each activity, please make separate checks payable to City of Santa Monica.)

Money Order

Credit Card (check one) MasterCard Visa Discover

Exp. Date: _____
Mo. ____ / Yr. ____

Cardholder's Signature _____

Youth Financial Assistance (To apply call 458-8540.)

Mail registration form to:
City of Santa Monica
Attn: Registration
1133 7th Street
Santa Monica, CA 90403



Or fax registration form with credit card info to:
(310) 451-3569

WAIVER, RELEASE AND ASSUMPTION OF RISK In consideration of the applicant's participation in the above activity, I waive and release all claims for damages for death, personal injury or property damage that may occur as a result of engaging in that activity. This discharges in advance the City of Santa Monica, its employees and other agents from liability even though that liability may arise out of their negligence. I know that this activity involves a risk of accidents, and I willingly assume the risk. This waiver, release and assumption of risk is binding on my heirs and assigns. I give permission for any medical care that the leaders of the above deem necessary.

PHOTO RELEASE I hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of the likeness, voice and/or activities of the participant and further authorize the City of Santa Monica, its agents or assigns, to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio and television stations. I understand that I will not receive any monetary compensation now or in the future for participating. I do hereby release and hold harmless the City of Santa Monica, its officers and employees, from any claims.

Check the appropriate box, sign, date and print your name below: Parent Legal Guardian

Signature _____

Date _____

Print Name _____