



# 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<br>Superstars  | 4204.400  | Mondays<br>2:00 PM - 3:00 PM              |
| 1 - 2<br>Rookies | 4204.401  | Mondays<br>3:10 - 4:10 PM                 |
| 3 - 4            | Girls League:<br>4204.404<br>Boys League:<br>4204.402 | Tuesdays & Thursdays<br>3:00 PM - 4:30 PM |
| 5                | Girls League:<br>4204.405<br>Boys League:<br>4204.403 | Wednesdays & Fridays<br>3:00 PM - 4:30 PM |

**GAMES** are on Saturdays  
January 16– March 13

No games February 13  
(Presidents Day)

View game schedule online  
at:

[CREST.smgov.net](http://CREST.smgov.net)

**ALL SPORTS COST: \$90\***

**PRACTICES START THE  
WEEK OF**

**JANUARY 4, 2010**

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

# YOUTH SPORTS



## DID YOU KNOW?

The City of Santa Monica has two awards to promote and recognize good sportsmanship in youth sports.

**COURAGE AND LEADERSHIP:** This award is given to one player from each team who exemplifies the core values of good sportsmanship. Each week one player per team is nominated by his/her teammates. Players may not vote for themselves. The player with the most peer nominations is named the winner and recognized at the end-of-season Sportsmanship Awards ceremony.

**VICTORY WITH HONOR:** At each game, parents, players and coaches are given points for their positive support of their team. Points are deducted for poor sportsmanship. The team with the most points at the end of the season will be named the winner and recognized at the end-of-season Sportsmanship Awards ceremony.



# FITNESS FOR FUN

Put your 3rd, 4th or 5th grader on the path to good health...  
Sign up today for Fitness for Fun!

## PROGRAM BENEFITS

- Experienced staff lead your child through a host of fun and energizing exercises every weekday morning.
- Children participate in a variety of fitness based games, have a morning snack and prepare to have a successful school day.
- Fitness and grades are tracked and kids learn new ways to improve physical and academic performance.

FROM 7:00 AM  
UNTIL SCHOOL STARTS  
MONDAY THROUGH FRIDAY  
(MEET IN BUNGALOW 4)

**FEES:** \$115 per session (for 12 weeks)

## SESSION NUMBERS & DATES:

**4204.320** - September 9 to December 11

**4204.420** - December 14 to March 19

**4204.120** - March 22 to June 25

# POLICIES

WHEN COMBINING PROGRAMS, SIGN UP FOR PLAYGROUND ACCESS TO ASSURE 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](http://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 this form to program supervisor 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 from the program. 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. You can find the refund request form on our website: [crest.smgov.net](http://crest.smgov.net).

**TRANSPORTATION:** Take the Big Blue Bus! It's half the fun! Call (310) 451-5444 or visit: [www.BigBlueBus.com](http://www.BigBlueBus.com) for schedules and information. Most excursions are available on a first-come, first-served basis to youth not registered in summer programs. Entrance fees and incidentals are paid by the participant—transportation is free! For more information, please call (310) 458-8540.

# 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 |       |
|                   |                        |            |      |            |      |            |      |       |
|                   |                        |            |      |            |      |            |      |       |
|                   |                        |            |      |            |      |            |      |       |
|                   |                        |            |      |            |      |            |      |       |
| <b>Total Fees</b> |                        |            |      |            |      |            |      |       |

\* 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 \_\_\_\_\_