



CHALLENGER DIVISION

2018 REGISTRATION INFORMATION

This division is for individuals with special needs



2018 YORBA LINDA BASKETBALL CHALLENGER DIVISION REGISTRATION INFORMATION

REGISTRATION: Deadline is Monday, November 27, 2017. Please mail this registration information to: Yorba Linda Basketball, Challenger Division, 21520 Yorba Linda Blvd., Suite G-544, Yorba Linda, CA 92887.

Registration forms must be accompanied with the entry fee.

FEE: \$75.00 for each participant.

AGE: All are welcome!

SEASON: 10 weeks! Challenger Division will take place every Saturday from 10:00 a.m. to 11:00 a.m. (and if registration demand requires a second session, from 11:00 a.m. to noon) beginning January 13, 2018 through March 17, 2018.

LOCATION: The Tommy Lasorda Jr. Fieldhouse, 4701 Casa Loma Avenue, Yorba Linda.

LEAGUE Format of the league will be tailored to the needs of the individuals. We will have activities to develop skills and advance towards games.

UNIFORMS: T-shirts, basketball and trophy are provided for all participants.

SPECIAL REQUESTS: Please let us know of any special requests that you have by indicating it on the attached registration form.

Your schedule is listed above on this sheet. You simply need to come out and have fun!

QUESTIONS: Contact John Christensen, Yorba Linda Basketball, at 949-735-0394 or john.christensen@mindspring.com.

*****SPECIAL NOTE:** Participants will be subject to having candid photos taken and used to market programs by Yorba Linda Basketball officials or other media. **By registering your child, you are agreeing to the possibility that their picture might be taken and used.** If you have any questions regarding this policy please contact John Christensen at 949-735-0394.

2018 REGISTRATION FORM

Fee \$75.00

Child's Name: First: _____ Last: _____

Address: _____

City: _____ Zip: _____

Sex: Male Female

Age: _____ Birthdate: _____

School: _____

Both Parents' Name: _____

Mom's primary phone: _____ Home phone: _____

Mom's Email: _____

Dad's primary phone: _____ Home phone: _____

Dad's Email: _____

Alternate Contact Name _____

Primary Phone: _____ Home Phone: _____

Email: _____

Physician name/phone number:: _____

T- Shirt Size:

Youth XS
(4-6)

Youth S
(6-8)

Youth M
(10-12)

Youth L
(14-16)

Adult S
(34-36)

Adult M
(38-40)

Adult L
(42-44)

Adult XL
(46-48)

Adult XXL
(50-52)

In consideration of participation in the Challenger Division, we hereby waive and release any and all claims for damages we may have or that my minor child may have against Yorba Linda Basketball, for any and all injuries suffered to my child while participating or practicing. Additionally, I allow organizations affiliated with Yorba Linda Basketball to use photographs of my child participating in this program for advertising and promotional purposes which may include in print, television and/or the internet.

Parent/Guardian Signature _____

Date _____

THESE FORMS WILL BE USED TO HELP THE CHALLENGER SPORTS COMMITTEE BETTER SERVE YOUR CHILD. PLEASE COMPLETE ENTIRELY – CHECK ALL BOXES THAT APPLY.

Player's Name _____ Age _____

Ambulation

- Walks Using (Walker Crutches Braces)
- Wheelchair (Manual Electric)
- Walks Alone
- Needs Assistance

Communication

- No Problems Non-Verbal Sign Language
- Limited abilities, but can communicate daily needs
- Communication Device _____

Vision

- Normal
- Limited
- Blind
- Glasses

Hearing

- Normal
- Deaf
- Hard of Hearing
- Hearing Aids

Behavior

- No Problems
- Problems Triggered By: _____
- Positive Reinforcement: _____

Discipline

- Withhold Privileges
- Time Out (_____ minutes)
- Other: _____

Seizures

- None
- One or Two as a small child
- Last One: _____
- Usual Frequency: _____
- Usual Duration:: _____
- Pre-Seizure Activity: _____
- Triggered By: _____
- Medications: _____

Chief Diagnosis (LIST ALL e.g. Seizures, Asthma, MR, CP, A.)

1. _____
2. _____
3. _____
4. _____
5. _____

Other Comments or Concerns:

I, _____, understand that my child, _____, may not participate in a Challenger Division activity until his/her application is completely filled out. I understand that it is my responsibility as the parent/guardian to update my child's application as needed. All information submitted to Yorba Linda Basketball will be kept confidential. In addition, if the above named player needs emergency medical treatment and neither parent nor family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Parent/Guardian Printed Name

Date _____

Parent/Guardian Signature

Date _____