

## HILLVIEW PTO BASKETBALL REGISTRATION 2007-08

The Menlo Park Recreation Department offers an after school basketball program, open to all Hillview students regardless of experience or perceived ability. Hillview teams at each grade level will be balanced as evenly as possible. Please note any conflicts/requests on this form. Once teams are selected it is difficult to change. We do our best to accommodate conflicts/requests, but there are no guarantees.

**Please complete this Registration form and permission slip and return with the registration fee of \$135.00\* per student to the Basketball box in the office. Checks should be payable to Hillview PTO. We can only accommodate up to 10 players per team. Number of teams determined by number of coaches, ie, if we have 35 7<sup>th</sup> gr boys signed up and have 3 sets of coaches, only the first 30 registrants will be placed on a team (3 teams of 10). The other five will be waitlisted. WE WILL NOT BE ABLE TO ADD TEAMS THE NIGHT OF TRYOUTS AS WE DID LAST YEAR. Registration Deadline is Friday, Nov. 2 or team size limit, whichever occurs first.**

*\*There will be additional fees of \$15.00 for late registration and \$40 for any uniform not returned at the end of the season. Scholarships may be available upon request to Principal. NO REFUNDS after workouts.*

**MANDATORY WORKOUTS** for team placement. All registering students are expected to participate in these workouts, held in the Hillview Gym during the week of November 12:

|              |   |   |
|--------------|---|---|
| Tues Nov 13  | 6 <sup>th</sup> gr boys 6:10-7:30 p.m.  | 7 <sup>th</sup> gr boys 7:40-9:00 p.m.  |
| Wed Nov 14   | 8 <sup>th</sup> gr girls 6:10-7:30 p.m. | 8 <sup>th</sup> gr boys 7:40-9:00 p.m.  |
| Thur Nov. 15 | 6 <sup>th</sup> gr girls 6:10-7:30 p.m. | 7 <sup>th</sup> gr girls 7:40-9:00 p.m. |

**Practices:** Begin after Thanksgiving. Normally two per week.

**Games** begin prior to Holiday Break. Season ends mid March. Normally one game per week on Saturdays or Sundays (6<sup>th</sup>/7<sup>th</sup> Graders). 8<sup>th</sup> grade league (MPMSL) will be played on Mondays (with 1 Tuesday exception).

**We Need Volunteers** Our basketball program works because it is organized and supported by volunteers. We appreciate your circling one of the following categories you would be willing to participate in this season. Please note if you'd like to coach with anyone specific (we'll try to oblige). Commitment includes tryouts, coaches meeting, two practices per week, and one game per week.

**COACH                      ASST COACH                      TEAM PARENT                      ASST AT WORKOUTS**

Name \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

(PLEASE WRITE CLEARLY)

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_

Player's Address \_\_\_\_\_

Phone \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_ email address \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ ID/Policy # \_\_\_\_\_

Emergency Person to reach if parent(s) are unavailable:

Name \_\_\_\_\_ Phone \_\_\_\_\_

*(Please check as appropriate)*

1. \_\_\_\_\_ \$135 Fee enclosed payable to the Hillview PTO.
2. \_\_\_\_\_ I am requesting a full or part scholarship. Scholarships may be available upon request to Principal.
3. \_\_\_\_\_ I am happy to donate towards scholarships. Enclosed is my donation for \$\_\_\_\_\_.

**Please note below any conflicts/requests your child may have re attending games/practices/workouts, or any other specifics (requests must come prior to team selection). We try to accommodate, but make no guarantees.**

My child is unavailable      DAY                      TIME                      REQUESTS

|       |       |  |
|-------|-------|--|
| _____ | _____ |  |
| _____ | _____ |  |
| _____ | _____ |  |

**Students may NOT attend workouts without this completed form.  
Please fill out permission slip**

# PERMISSION SLIP FOR PTO AFTER SCHOOL SPORTS

I WANT MY SON/DAUGHTER/LEGAL CHARGE, \_\_\_\_\_,  
Name

TO PARTICIPATE IN THE PTO AFTER SCHOOL SPORTS PROGRAM.

1. I UNDERSTAND THAT THIS ACTIVITY CAN BE DANGEROUS and that my son/daughter/legal charge could be injured even if the activity is conducted with due care by all concerned.
2. I AM FULLY AWARE OF THE RISKS and hazards inherent in my son/daughter/legal charge engaging in this activity and I voluntarily elect, both on my behalf and on behalf of my son/daughter/legal charge, to have him/her engage in that activity, that the activity is such that my son/daughter/legal charge may be injured even if the School District, the PTO, and the City of Menlo Park utilize due care. I also know that the Menlo Park City School District, the PTO, and the City of Menlo Park are not a guarantor of my son/daughter/legal charge's safety and financially could not conduct this activity if it bore the risk of injury or death arising out of the same. I THEREFORE VOLUNTARILY ASSUME ALL RISKS OF LOSS, DAMAGE, INJURY OR DEATH to my son/daughter/legal charge arising out of his/her participation in this activity.
3. It is my intent by this clause to exempt and relieve the Menlo Park City School District, the PTO, and the City of Menlo Park its officers and agents, from any and all liability for personal injury, wrongful death or property damage arising out of my son/daughter/legal charge's involvement in this activity.
4. Further, on behalf of myself, my son/daughter/legal charge, and our personal representatives, assigns, heirs, and next of kin, I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the Menlo Park City School District, the PTO, and the City of Menlo Park, its officers, employees, agents or representatives for loss or damage and any claims or demands therefore on account of injury or death to my son/daughter/legal charge, where such injury or death occurs during, by reason of or arising out of this activity.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date