



## **2010 St. Paschal Baylon Youth Basketball League**

**It is now time to sign up your 5-8 year old children for the 2010 SPB Youth Basketball League.**

**Last year we were sold out quickly, with a waiting list, so please sign up ASAP.**

### **League Philosophy:**

- Each child is taught the basics of basketball, teamwork, and good sportsmanship in a safe environment
- “Positivity” is stressed in all aspects of the game
- No scoring allowed – every team wins!
- EVERY PLAYER HAS FUN, and EVERY PLAYER IS A WINNER!

### **Some Great New Additions This Year:**

- A free Saturday basketball clinic for the players and the parents(coaches) to learn basic rules and drills
- More teams to accommodate maximum participation = more playing time for the kids = MORE FUN!!!!

### **Co-ed Program Details:**

- **Ages/Divisions:** (Lower Division) 5-6 year olds or beginners; (Upper Division) 7-8 year olds
- All games will be played inside the SPB Parish Hall. Lower Division plays on 8 ft. baskets and Upper Division, 9 ft. baskets
- **Season schedule:** Every Sunday, January 10<sup>th</sup> – March 7<sup>th</sup> (except Super Bowl Sunday on February 7, 2010)  
**NOTE: First games start at 1pm, and last games end by 5pm.**
- **Basketball clinic will be held Sat, Jan. 9<sup>th</sup> at the Parish Hall. Details including times and logistics provided later.**
- **Uniforms:** All players will be given a team uniform to keep. **If your child has a special size, please indicate the size on the attached registration form.**
- **Cost:** \$50 for first child & \$45 for each additional child, which includes uniform shirt and trophy for every player.
- **Contact Info:** If you have any questions and/or input, please contact the League Coordinator, Rich Ferraro at 805-300-3338 or [rferraro@goldenspoon.com](mailto:rferraro@goldenspoon.com) (best way to reach him).
- **Registration:** Teams are filled on a *FIRST COME, FIRST SERVE* basis. You will be contacted by the League Coordinator or team coach to confirm your spot and team. We will make every effort to accommodate your registration requests.  
**IMPORTANT: Please turn in all completed registration/permission forms in a sealed envelope to the SPB school office only - “Attn: SPB Youth Basketball” - not to the Parish Center office.**
- Go “Little Bears”!

**Together In Faith, Rich Ferraro - SPB Weekend Youth B-Ball League Coordinator**

**SAINT PASCHAL BAYLON**  
**2010 YOUTH WEEKEND BASKETBALL REGISTRATION FORM**  
**ARCHDIOCESE OF LOS ANGELES ACTIVITY PERMISSION FORM**

**Complete information below, sign, and submit completed form with registration fees to SPBS:**

Child's Name(1): \_\_\_\_\_ DOB: \_\_\_\_\_ Sex \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_  
Child's Name(2): \_\_\_\_\_ DOB: \_\_\_\_\_ Sex \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_  
Child's Name(3): \_\_\_\_\_ DOB: \_\_\_\_\_ Sex \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

**\$50.00 Fee for 1<sup>st</sup> Child:** \_\_\_\_\_ = **\$50.00**

\$45.00 Fee for Each Additional Child in the Same Family: \$45.00 X \_\_\_\_\_ of Children = \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** = \_\_\_\_\_

**Makes Checks Payables to: Saint Paschal Baylon School: reference *SPB Youth Basketball* on the Check Memo Line.**

**FAMILY NAME:** \_\_\_\_\_ **Address** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (required): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

**PARENT WILL COACH A TEAM: YES \_\_\_\_\_ NO \_\_\_\_\_ WILL ASSIST AS A COACH: \_\_\_\_\_**

Special Team/Player Requests If Any: \_\_\_\_\_

***I request that my son/daughter be permitted to participate in the SPB 2010 Weekend Youth Basketball Program.*** My child has no medical condition that would render it inappropriate for him/her to participate in this activity. I agree to direct my child to cooperate and conform to directions and instructions of the school, parish, coaches, and/or Archdiocesan personnel responsible for this extra-curricular sports activity.

As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a Corporation Sole, the Archdiocese of Los Angeles Education and Welfare Corporation, and Saint Paschal Baylon Parish and school, their respective employees and any parent or volunteer coaches from any and all claims for personal injuries, wrongful death or property damage, that my son/daughter may suffer as a result of participation in the SPB Weekend Youth Basketball Program, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school, or their employees, coaches, and/or volunteers.

Should it be necessary for my son/daughter to have medical treatment while participating in this athletic activity, I hereby give the responsible personnel, SPB League Coordinator, and volunteer coaches permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the SPB Youth Basketball personnel or League Coordinator to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve Saint Paschal Baylon Parish and school, and other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the parish, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the parish harmless from the cost of any medical treatment and related expense and cost incurred.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE (Required to Participate)**

\_\_\_\_\_  
**DATE**