CITY OF GALT PARKS & RECREATION

1ST GRADE INSTRUCTIONAL BASKETBALL

REGISTRATION SEPTEMBER 8 - NOVEMBER 17, 2025

OR UTIL 60 PLAYERS MAXIMUM IS REACHED

LATE REGISTRATION NOVEMBER 18- DECEMBER 1, 2025 *$25 ADDITIONAL FEE*

INSTRUCTION & GAMES WILL MEET 8 SATURDAYS

SATURDAYS- JANUARY 3 -FEBRUARY 28, 2026 (NO CLASS 2/7)

THE PROGRAM'S PRIMARY FOCUS WILL BE FUN, WHILE LEARNING BASIC SKILL DEVELOPMENT (PROPER TECHNIQUES OF DRIBBLING, PASSING, SHOOTING). AFTER 4 WEEKS OF SKILL DEVELOPMENT, TEAMS WILL BE FORMED AND SCRIMMAGE GAMES WILL BE PLAYED IN WEEKS 5-8 (GAME TIMES MAY VARY FROM ASSIGNED CLINIC TIMES). AWARDS WILL BE GIVEN IN WEEK 8.

PLAYER'S NAME:_____ D.O.B._____

PARENT/GUARDIAN:_____CELL:_____

PARENT/GUARDIAN:_____CELL:_____

ADDRESS:_____CITY:_____ZIP:_____

E-MAIL ADDRESS:_____

$100

PLEASE CIRCLE CLINIC TIME PREFERENCE:

9:00AM 10:00AM 11:00AM

SHIRT SIZE REQUESTED:

PLEASE CIRCLE ONE SIZE

(YOUTH SIZES RUN SMALL)

YXS YS(6-8) YM(10-12) YL(14-16) YXL

CITY OF GALT, PARKS & RECREATION DEPARTMENT
610 CHABOLLA AVE., GALT, CA 95632
(209) 366-7180 PLEASE MAKE CHECKS TO: CITY OF GALT
WWW.CITYOFGALT.ORG

City of Galt, Parks & Recreation Department
610 Chabolla Ave., Galt, CA 95632
(209) 366-7180 galtpandr@cityofgalt.org
www.cityofgalt.org

PARTICIPANT AGREEMENT

(Please print)

PARTICIPANT NAME _____ AGE _____ BIRTH DATE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

CLASS/ACTIVITY/SPORT _____

I give my permission for my child ("Participant") to participate in the above mentioned activity, sport or class sponsored by the City of Galt Department of Parks and Recreation ("Department"). I understand and agree, on behalf of the Participant and myself as parent/guardian, to abide by the rules and regulations of the Galt Parks & Recreation Commission and the Department in the recreational activities mentioned above.

I understand that there are inherent risks in this activity, sport or class and that the City shall not provide insurance. Therefore, I agree, on behalf of the Participant and myself as parent/guardian, to save, keep and hold harmless the City, its officers, agents, employees and volunteers from all claims, demands, suits, causes of action, proceedings, damages, injuries, losses and liabilities of any kind, including, without limitation, bodily injury, in law or equity, resulting from or in any way arising out of or related to the Participant's participation in this activity, sport or class. Further, I agree that the City will not be held liable for any accident, loss or damage, including, without limitation, bodily injury, to the Participant while participating in this activity, sport or class.

This Participant Agreement shall be considered effective as of the date and time filed with the Department. Refund requests will not be honored if it has been more than 90 days since registration and/or if the class/activity has begun. For every refund request that is processed, your amount will be reduced by $25.00 for the service fee.

Parents/Guardians/Family Code of Conduct:

1. Parents/Guardians/Family will place the emotional and physical well-being of the children above any desire to win. Parents/Guardians will help their child(ren) understand the valuable lessons sports can teach and in doing so understand that their child(ren) cannot change teams once they have been placed on one.
2. Parents/Guardians/Family will be a role model of good sportsmanship and character. Parents/Guardians/Family will help their child(ren) meet his/her responsibilities to the coach and the team.
3. Parents/Guardians/Family will do their best to make sure that the game is fun for all the participants.
4. Parents/Guardians/Family will lead by example in demonstrating fair play and sportsmanship to all participants, coaches, parents', officials, recreation staff, and the public. Parents/Guardians/Family will treat them all with respect.
5. Parents/Guardians/Family will maintain a positive sports environment for all participants that is free of drugs, tobacco, alcohol and inappropriate language. Parents/Guardians/Family will refrain from their use at all Youth Sports activities and events.
6. Parents/Guardians/Family will only make positive and encouraging comments to players, fans and coaches from both teams. Parents/Guardians will not interfere or coach from the stands.
7. Parents/Guardians/Family will strive to create a positive recreational experience for everyone involved in the Youth Sports Program.
8. Parents/Guardians/Family will remember that they are a Youth Sports Program parent, and will remember the game is for the children and not the adults. Accordingly, Parents/Guardians/Family will encourage their child(ren) to play sports by providing a supportive atmosphere without pressure.
9. Parents/Guardians/Family will abide by any and all Recreation Department rules and regulations and rulings set forth by the Recreation Staff.
10. Parents/Guardians/Family will remember to be a good sport at all times, win or lose.
11. Any infraction of the Code of Conduct may result in the Parents/Guardians/Family being removed from the practice/game facility.

_____ _____

PARENT/GUARDIAN/PARTICIPANT SIGNATURE DATE