

PARENT/ GUARDIAN INFORMATION

Parent/ Guardian's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ *Email: _____

Emergency Contact: _____ Emergency Contact's Phone: _____

PARTICIPANT INFORMATION

Participant's Name: _____

Date of Birth: _____ M/F: _____ Grade: _____ Class Code: _____

Sport: _____

**Please provide your current email address. We will be able to contact you with important information regarding deadlines, Parent Night, and program updates.*

Please PRINT clearly

THINGS TO KNOW

Practices take place at Jordan (except golf) Monday through Friday, usually 3:15-4:30pm (except Weds., 1:45-3pm). Games take place 2-3 times a week usually lasting 1 hr. and starting between 4-6pm. It is ok for a player to miss practice once per week for another scheduled activity. Jordan is pleased to be participating in the ADAL, www.teamsideline.com/adal. Transportation to games is not provided! Game schedules and carpooling information will be provided by email. You will have the opportunity to meet your player's coach at Parent Night, held at the beginning of the season. **Please make certain to provide your email address to receive important information such as schedules, Parent Night, carpooling and other announcements.**

SKILL EVALUATIONS

Volleyball and basketball teams have 2 divisions, "A" and "B". Divisions are determined by the coaches at skill evaluations, which take place 2 – 3 days before practice begins. Absolutely no refunds will be granted for not making the "A" team. If your child is selected for the "A" team and would like to play on the "B" team, please contact the Athletic Director to discuss a transfer. Players are not allowed to participate in both divisions.

The "A" league is more competitive and "A" teams will play the most competitive teams in the league. Participants are encouraged to attend practice as often as possible and practices may take place more than 3 times a week. Playing time can be used as a penalty for an **unexcused** absence.

REGISTRATION MAXIMUMS

Every sport will have a registration maximum and registrations will be processed on a first come, first served basis. Parents will not be able to register for multiple seasons in advance. **Please note that walk-in registrations will only take place at the Mitchell Park Community Center.**

FEE REDUCTION PROGRAM

Financial assistance is available through the fee reduction program for those who qualify. You can pick up a copy of the fee reduction application at any of our community centers or by visiting www.cityofpaloalto.org/enjoy.

WAIVER

All City of Palo Alto classes and programs require the signature of the parent or guardian of any minor(s):
Permission to participate in the above programs, including associated travel sponsored by the City of Palo Alto Community Services Department, is given for my child as shown above. In return for the benefits said minor will receive from participation, I hereby indemnify and hold harmless and release the City of Palo Alto, its employees, its agents, and any volunteers working with the City for and from liability and responsibility for any loss or injury connected with said minor's participation in the activity except for loss or injury caused intentionally or by willful misconduct. This release is intended to protect the City, its employees, its agents, and any volunteers working with the City from claims of negligence (the failure to use reasonable care). However, it is not intended to exempt them from responsibility for their willful or intentional injury to the person or property of another. I am aware that this activity is potentially dangerous and am voluntarily allowing said minor to participate in this activity with knowledge of the risks involved, both expected and unexpected, and hereby agree to accept any, and all risks of loss or injury. I authorize the Recreation Leader to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at Stanford University. It is understood that an effort will be made to notify me or the emergency contact listed above. If above such action is taken, and it is impossible to locate me or the emergency contact, the uninsured responsibility and expense of this service will be accepted by me. I agree that pictures taken during program hours may be used by the City of Palo Alto for future promotional purposes. I have carefully read this agreement and fully understand its concerns. I am aware that this is a release of liability, hold harmless agreement, and assumption of risk agreement and that it is a legally binding contract between the City of Palo Alto and me. I further understand that this release is binding on my heirs or anyone making a claim. I sign of my own free will.

Signature of Parent or Legal Guardian: _____

Date: _____

PAYMENT

If you are paying with a check, please make the check payable to the **City of Palo Alto**. Cancellation requests must be submitted 5 business days prior to the 1st week of practice. We will place a credit on your Enjoy account that can be applied to another course. The credit-on-account must be used within one (1) year from the date the credit-on-account is issued, or the City will refund any amount (if a balance remains after a \$15 processing charge per course is deducted) then due to the individual. If you prefer to receive a refund, a \$15 processing charge will be deducted from each course fee.

Visa MasterCard Card # _____ Exp Date:

 Discover American Express

Signature: _____