





After School Youth Sports Sign Up for Spring 2010

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BOYS' BASKETBALL CLINIC
 Grades 2nd-8th
 Thursdays,
 3:45-5:00 pm
 At PYC
 April 22- May 27
 Cost - \$100.00




COED VOLLEYBALL CLINIC
 Grades 3rd-8th
 Wednesdays
 3:45-5:00 pm
 April 21 - May 26
 At PYC
 Cost - \$100.00



GIRLS' BASKETBALL CLINIC
 Grades 2nd-8th
 Tuesdays,
 3:45-5:00 pm
 At PYC
 April 20 - May 25
 Cost - \$100.00



COED BOWLING
 Grades 3rd-8th
 Thursdays,
 3:30-5:00 pm
 At Zodos, 5925 Calle Real
 April 22 - May 27
 Cost - \$75.00

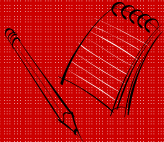


CO-ED SPECIAL NEEDS BASKETBALL CLINIC
 Grades 1st - 8th
 Tuesdays, 3:45-5:00 pm
 At PYC
 April 20 - May 25
 Cost - \$20.00
 In Partnership with
 Challenger Little League

SPORTS SKILLS And ACTIVITIES
 Grades 5th - 8th on Mondays
 Grades 1st-4th on Wednesdays
 3:45-5:00 pm
 At Salvation Army,
 4849 Hollister Ave,
 Santa Barbara
 April 19 - May 26
 Cost - \$75.00



DRAWING CLASS
 Grades 1st-8th on Mondays
 3:45-5:00pm At PYC
 April 19 - May 24
 Cost - \$100.00



BEGINNING AND INTERMEDIATE DANCE
 Grades 2nd - 4th on Tuesdays
 Grades 5th - 8th on Thursdays
 3:45-5:00pm At Salvation Army,
 4849 Hollister Ave, Santa Barbara
 April 20 - May 27 Cost - \$100.00

Transportation is not provided

Registration form is on the back of this flyer. Please fill it out completely and return it to your school's office or mail it to Page Youth Center, PO Box 6766, Santa Barbara CA 93160 by April 14, 2010. Please staple a check made out to "Page Youth Center" to the registration form. Financial assistance available (funded in part by the Santa Barbara Foundation and the Orfalea Foundation) upon request. Contact the Page Youth Center at 967-8778 if you have any questions. This program is in partnership and collaboration with Goleta Union School District and ASES Grant at IV School.

Registration Form- After School Youth Sports

Last _____ First _____

Address _____ City _____ Zip _____

Phone _____ Evening/Cell Phone _____ Email _____

School Attending _____ Grade _____ Boy/Girl _____

Parents Names _____



Circle Appropriate Choices -

- Boys Basketball Clinic
- Girls Basketball Clinic
- Sports Skills & Activities
- Bowling
- Volleyball Clinic
- Special Needs Basketball Clinic
- Drawing Class
- Dance Class

Any special information: _____

Total Paid: \$ _____ Cash / Check / Money Order
A fee of \$15.00 will be charged for any returned or insufficient funds checks.
An administration fee of \$10.00 will be charged for refunds.

Mandatory Waiver: (This waiver must be filled in and signed to validate registration) I, the undersigned parent / legal guardian of _____
(Write Full Name of Child Here)

being of lawful age, knowingly and voluntarily state and agree as follows:
I do hereby authorize the Page Youth Center, the Salvation Army and the Goleta Union School District as agents for the undersigned, to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care which are deemed advisable by any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital. The treatment of the named minor is strictly for emergency or lifesaving purposes. Parent or guardian will be notified as quickly as possible in the event of an accident. The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to the named minor arising as a result of participating or engaging in activities of the Page Youth Center, the Salvation Army or Goleta Union School District and related travel or any activities incidental thereto, wherever or however the same may occur, and the undersigned does for said named minor and him / herself, their heirs, executors, administrators and assignees prosecute or present any claim for personal injury, property loss or damage, or wrongful death against Page Youth Center, the Salvation Army or the Goleta Union School District, or any of it's officers, directors, shareholders, agents, servants, or employees (collectively "RELEASEES") for any of said causes of action.

IT IS THE INTENTION OF THE UNDERSIGNED, BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE RELEASEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY LOSS OR DAMAGE, AND WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned acknowledges that he/she is aware that by signing this waiver, release and indemnity Agreement, he/she KNOWINGLY AND VOLUNTARILY WAIVES ALL RIGHTS TO ASSERT ANY AND ALL CLAIMS WHATSOEVER FOR ANY PERSONAL INJURY, PROPERTY LOSS OR DAMAGE, OR WRONGFUL DEATH AGAINST THE RELEASEES. The undersigned also acknowledges that participating in team sporting activity may be dangerous, and that incidents may happen, causing injury.

Photo Release: I understand from time to time Page Youth Center representatives may photograph activities of the Page Center programs and participants. By signing this form, I authorize Page Youth Center to use on their website or publish in articles or ads any photographs taken by PYC representatives showing my child's/children's participation.

Signature of Parent / Guardian _____

Date _____