



"Hoopin' for Change"
 1522 Constitution Blvd. #213, Salinas, CA 93905
 (831) 710-1499
www.gilbasketballacademy.com

Division: Please select one:
 Lil' Dribblers 4-5 Yrs.
 Junior Ballers 6-7 Yrs.
 Bee Ballers 8-9 Yrs.
 Mini Hoopsters 10-12 Yrs.
 High Hoops 13-17 Yrs.

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal
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GBA Registration Form-2012

PLAYER INFORMATION			
First Name	Middle	Last	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Birthplace		Age
(mm) / (dd) / (yyyy)	(city)	(state) (country)	

Address	City	Zip	Phone	E-Mail

School Name	Grade	Special Ed Services	If yes, please specify:
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PLAYER'S RACE & ETHNICITY	EMERGENCY HEALTH INFO
<p>I. WHAT IS YOUR CHILD'S ETHNICITY? (Please mark one ethnicity): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p>II. WHAT IS YOUR CHILD'S RACE? (Please mark one or more racial categories) <input type="checkbox"/> Native Indian of the Americas or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</p>	<p>Mark all that apply:</p> <input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing <input type="checkbox"/> Heart Problems <input type="checkbox"/> Orthopedic <input type="checkbox"/> Vision (Glasses) <input type="checkbox"/> Recent Surgery/Illness <input type="checkbox"/> Seizures (Epilepsy) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Medications: _____ <input type="checkbox"/> None

MEDICAL INFORMATION				
Insurance Carrier	Policy Number	Physician	Physician's Phone	Preferred Hospital

PARENT / GUARDIAN INFORMATION		
Father's Name:	Mother's Name:	How many people are in your household? _____
Guardian's Name:	Guardian's Name:	
Living in Home? <input type="checkbox"/> YES <input type="checkbox"/> NO	Living in Home? <input type="checkbox"/> YES <input type="checkbox"/> NO	Household Income Level
Cell Phone:	Cell Phone:	<input type="checkbox"/> \$1-\$25,000 <input type="checkbox"/> \$26,000-\$50,000 <input type="checkbox"/> \$51,000-\$75,000 <input type="checkbox"/> \$76,000 & Up
Highest level of education completed by: <input type="checkbox"/> Mother or <input type="checkbox"/> Father or <input type="checkbox"/> Other <input type="checkbox"/> Not a High School Graduate <input type="checkbox"/> College Graduate(B.A. or B.S.) <input type="checkbox"/> High School Graduate <input type="checkbox"/> Graduate School/Post Graduate School <input type="checkbox"/> Some College(includes AA Degree)		

BROTHERS & SISTERS ENROLLED IN GBA				
Name	Gender	Age	School	Grade
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			

Agreement, Waiver & Release: I/we the parents/guardian of the above player give my/our permission to participate in any activities & events. I/we know that participation in basketball may result in serious injury & we waive, release, absolve, indemnify, and agree to hold harmless Gil Basketball Academy, the organizers, board members, sponsors, supervisors & participants for any claim arising out of any injury to my/our child whether the result of negligence or any other causes. It is understood that these activities involve an element of risk of accidents & knowing those risks. I/we hereby assume those risks. It is further agreed that this waiver, release & assumption of risk is to be binding on my heirs & assigns. I will also abide by all league rules. **By signing I also agree to follow GBA's code of conduct.** I/we acknowledge that player's age and grade level information is factual and accurate. I/we acknowledge that I am responsible to view the leagues website and any information (i.e. welcome letter, handouts, schedules & policies) pertaining to the league activities. Failure to follow league rules can result in my child's or my dismissal from the league indefinitely. **I WILL READ THE WELCOME LETTER IN IT'S ENTIRETY & I UNDERSTAND GBA HAS A NO REFUND POLICY.** I hereby authorize GBA to use name, photographs, voice and/or likeness or other media material pertaining to the participant for the express purposes of GBA advertising, trade and/or publicity worldwide, on the internet and documentation without further review, approval, notification or compensation.

Parent(s) must complete this form for your child to participate in any GBA activities. All information provided will be kept confidential and will only be released for grant funding purposes.

Signature of Parent/Guardian _____ Date _____
 (APPLICATION CONTINUED ON THE OTHER SIDE)



1. Basketball Background: (Please be as accurate as possible)

Skill Level from (1-10) _____ (1=never played – 10=best in age group)

Years enrolled at the Gil Basketball Academy: _____

Position(s) played:

GUARD / FORWARD / CENTER

HT: ____' ____" WT: _____ lbs

Interested in Competitive Travel Basketball? (circle one) YES NO

2. GBA Membership Fee:

All Ages

\$100.00

**GBA Membership:
March 2012 to November 2012**

March 2012 to June 2012 (*summer break*)
September 2012 to November 2012
*20 Weekly Practices in Total, Summer / Winter Basketball Camps, and Field Trips Included with the GBA Membership!

3. Practice Uniforms: \$35.00

Jersey: (circle one)

Shorts: (circle one)

Youth Small
Youth Medium
Youth Large
Youth X-Large
Adult Small
Adult Medium
Adult Large
Adult X-Large

Youth Small
Youth Medium
Youth Large
Youth X-Large
Adult Small
Adult Medium
Adult Large
Adult X-Large

* Uniform must be worn at all practices.

4. Volunteer: (Circle One)
GBA Coach
Community Events
Fundraising / Donations
Publicity / Advertisement
Practice Set-Up/Clean-Up
No thank you

5. Would you like to purchase a GBA T-shirt? (Optional)
\$10
YM YL
AS AM AL
\$12
AXL AXXL

6. Fees:

Registration: \$ _____

T-Shirt/Uniform: \$ _____

Sibling Discount:

2nd Child: -\$25.00 3rd Child and above: -\$50.00

Discount: \$ _____

(Discounts that may apply are above)

Total Fees: \$ _____

For GBA Internal Use

Team Name:

Form Received By:

Date:

Data Inputted By:

Date

Notes: