



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

Division: Please select one:

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

| |
|--|
| <input type="checkbox"/> New Application |
| <input type="checkbox"/> Renewal |

GBA Registration Form

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) | |

Primary Home

| Address | City | Zip | Phone | E-Mail |
|---------|------|-----|-------|--------|
| | | | | |

School Information

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

PLAYER'S RACE & ETHNICITY

I. WHAT IS YOUR CHILD'S ETHNICITY? (Please mark one ethnicity):

- Hispanic or Latino Not Hispanic or Latino

II. WHAT IS YOUR CHILD'S RACE? (Please mark one or more racial categories)

- Native Indian of the Americas or Alaskan Native
 Asian
 Native Hawaiian or other Pacific Islander
 Black or African American
 White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

EMERGENCY HEALTH INFO

Mark all that apply:

- Allergies: _____
 Asthma Diabetes
 Hearing Heart Problems
 Orthopedic Vision (Glasses)
 Recent Surgery/Illness
 Seizures (Epilepsy)
 Other: _____
 Medications: _____
 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 <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 |
| Cell Phone: | Cell Phone: | |
| 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 _____



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 to November**

March to June (*summer break*)
 September to November
 *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 Small |
| Youth Medium | Youth Medium |
| Youth Large | Youth Large |
| Youth X-Large | Youth X-Large |
| Adult Small | Adult Small |
| Adult Medium | Adult Medium |
| Adult Large | Adult Large |
| Adult X-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: \$ _____

GBA Select 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 Select Only

| | |
|----------------------------|---------------------|
| Name: | Amount Due: |
| Grade: | Amount Paid: |
| Previous Team Name: | Balance: |
| Jersey #: | |

For GBA Internal Use

| | |
|--------------------------|---------------------|
| Team Name: | Amount Due: |
| Form Received By: | Amount Paid: |
| Date: | Balance: |
| Data Inputted By: | Date: |
| Notes: | |