

2015 GATEWAY YOUTH SPORTS PROGRAM



April 1, 2015

Dear Parents,

Greetings from Gateway Friends Church! This will be our 13th year sponsoring our youth sports program, and we are excited to have you be a part of this year's program. We will be at **South Pointe Middle School** again: **20671 Larkstone Drive Walnut, CA 91789**. There are a few changes to this year's program in terms of the registration process and sports clinic hours.

Here is some important information regarding this year's program:

- Dates for the program are **June 6 to July 18, 2015** with one weekend break, (July 4th).
- Basketball and Tennis will run concurrently from **9:00 - 10:15am**.
- Our **basketball clinic** is designed for girls and boys, ages 5-9. Please bring your own ball. We recommend size 3 balls for the 5-6 year olds, and size 5 balls for 7-9 year olds.
- Our **tennis clinic** is designed for girls and boys, ages 8-12. Bring your own racket.
- Our **volleyball clinic** will run from 10:20 -11:35am and is open for boys and girls ages 12 and up. There will be no volleyball clinic on 7/18 due to the award luncheon.

We require that at least one parent or guardian remains with the child during the clinic for emergency purposes. Children should wear comfortable attire (tennis shoes, shorts, hat). Bring water for your child to keep them hydrated. Registration includes a light snack after each session, T-shirt, and award luncheon on 7/18. Please arrive early for the first day, June 6. We appreciate your promptness.

To register, complete and return the following to:

Gateway Friends Church: 1220 Brea Canyon Rd. Walnut, CA 91789

1. Registration/Parent Consent Form
2. Check payable to "Gateway Friends Church" (see below for **)

\$50 Early Registration Deadline: Turned in or postmarked by April 24.

****\$65 Late Registration Deadline: Turned in or postmarked by April 25 - May 8.**

We will not be accepting any registrations after this date.

Enrollment is limited so register early! If you have questions regarding registration, please contact **Justine Niu or Min Chen at youthsports@gatewayfriends.org or the church office at 909-595-8113**. We hope to see you soon! Thank you for your support and participation.

NOTE: A \$10.00 processing fee will be assessed for cancellations past May 17.

2015 GATEWAY YOUTH SPORTS PROGRAM

REGISTRATION/PARENT CONSENT FORM 2015

Please print legibly and submit one form per child.

SPORT (Circle): Basketball Tennis Volleyball

PLAYER'S NAME _____ AGE _____ DOB _____ SEX _____

ADDRESS _____ CITY _____ ZIP _____

PARENT or GUARDIAN _____

CELL NUMBER _____ 2nd NUMBER _____

Do you currently attend a church? No Yes Where? _____

E-MAIL ADDRESS _____

PLAYER'S T-SHIRT SIZE: (Youth) XS S M L XL (Adult) S M L XL

(T-shirts tend to run small. No size changes can be made after registration form has been submitted.)

This year, parents may pre-order t-shirts for themselves for \$10. Indicate the quantity next to the size(s) desired. Go to www.gatewayfriends.org to view design.

SIZE: (Adult) S: _____ M: _____ L: _____ XL: _____

Registration: \$50 = _____

Extra T-shirt(s): \$10 x _____ = _____

Late Fee (after 4/24): \$15 = _____

TOTAL: = _____ (Please enter this amount on check)

IF THE ABOVE CANNOT BE REACHED IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

ADDRESS _____

DATE OF LAST TETANUS SHOT _____

MEDICAL INSURANCE NAME & NUMBER _____

PLEASE NOTE ANY SPECIAL MEDICAL NEEDS _____

Please date and sign consent form on the back. Thank you.

2015 GATEWAY YOUTH SPORTS PROGRAM

.....

CONSENT TO TREAT:

I (We), the undersigned, parent(s) of _____ minor, do hereby authorize the Gateway Leaders or Coaches IN CHARGE as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

This authorization shall remain effective until July 18, 2015 unless revoked in writing delivered to said agent(s).

Signature of Parent/Guardian _____

Date _____

Return this form with payment.