SYBL
SUNNYVALE YOUTH BASKETBALL LEAGUE
2016

The SYBL league is open to girls and boys attending kindergarten thru 8th grades. Teams are non-coed and organized by grade levels (1st -2nd, 3rd-4th, 5th-6th and 7th-8th) with the exception of the Kindergarten teams which will be coed. *We cannot guarantee special requests for team assignments, practice nights, locations or coaches.*

Games for this eight-week program are played at Sunnyvale Middle School, Columbia Middle School and the AMD Sports Center at Columbia Neighborhood Center. One one-hour practice is held per week and may be held at locations other than the school the child attends. By late December, coaches will be contacting players by phone and/or e-mail to inform them of practice locations, days and times. *Note: Availability of coaches and gym space will determine practice times and locations. We can not arrange for your child to practice at a particular time or location.*

No special priority will be given to Sunnyvale residents and those attending schools within Sunnyvale's city boundaries; registration is accepted on a first-come, first-served basis. *Participants who attend Sunnyvale schools, but live outside of Sunnyvale, will pay the non-resident rate. To qualify for Sunnyvale resident status, two forms of ID (one must be a photo ID) with the same name and address are required with your registration form.*

League Season

- Team practices begin the week of January 4, 2016
- Team games will be played Saturdays from January 9 – March 5, 2016
- There will be no games February 13, 2016
- There will be no practice February 15-19, 2016

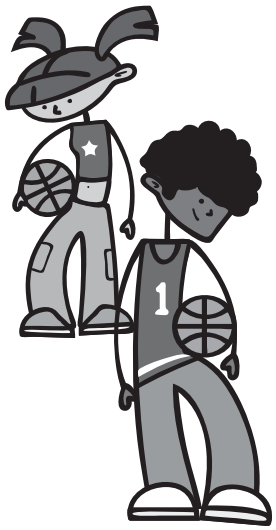
Participants will receive a team photo, jersey, 8 practices, 8 games and end of season award.

SYBL Volunteers Have More Bounce in Their Lives!

The Sunnyvale Youth Basketball League (SYBL) relies heavily on parent volunteers to act as coaches for our SYBL teams. Our coaches do a terrific job each year of mentoring and teaching our young basketball players, but we are always in need of more! Coaching for SYBL requires approximately 3 hours of active coaching per week between practices, games and some additional prep time. We do not require that you have extensive basketball experience, as we will host a coach's training and provide additional coaching information—but you must enjoy working with children!

Please note all volunteers will need to pass a Department of Justice background check via a fingerprint scan with our Department of Public Safety, and must complete a City of Sunnyvale Volunteer application in order to be added to our volunteer database.

For questions regarding SYBL volunteer opportunities, please call (408) 730-7350 or apply online at *SYBL.inSunnyvale.com*



SYBL Sign-ups Begin on Monday, August 10

Sign-ups will be taken on a first-come, first-served basis, so sign-up early! Don't wait for the deadline! Space is limited.

Mail In Registration, starting 8/10	Walk In Registration, starting 8/10	Online Registration, starting 8/10 at 12 midnight
SYBL Sports and Aquatics P. O. Box 3707 Sunnyvale, CA 94088-3707	Sunnyvale Community Center 550 East Remington Drive Sunnyvale, CA 94087 9 a.m. - 6 p.m., M-F	*RecreationClasses.inSunnyvale.org*

SYBL Fees (Sunnyvale residences will receive a discounted rate)

Sign-up ...	(Resident*/Non-Resident)
... on or before October 31	$158*/$198
... after October 31 *(as space is available)*	$189*/$236
** To qualify for Sunnyvale resident status, two forms of ID (one must be a photo ID) with the same name and address are required with your registration form.*	

City of Sunnyvale
Department of Library and Community Services
Community Services Division

The City of Sunnyvale encourages persons with disabilities to participate in our recreation programs. We will make reasonable efforts to accommodate persons with disabilities in accordance with the Americans with Disabilities Act. If you require special accommodations, please contact (408) 730-7350, TDD (408) 730-7501, at least five days in advance of the program or activity. Recreation Fee Waiver Assistance Program resources are limited and subject to availability of funds. Please allow 30 (thirty) days for a response to your application. For more information call (408) 730-7350. Visit us on the Web at *Recreation.inSunnyvale.com*.

City of Sunnyvale
Department of Library and Community Services
Community Services Division

SYBL 2016 Registration Form
(One player per form)

Space is Limited

(Please print)

Player's Last Name: First Name: Sex: ☐M ☐F Accurate Height (*in inches*):

Street Address: City: Zip:

Home phone: Ask for:

Work phone: Ask for:

E-mail address: School Attending: Current Grade Level:

Birth Date (MM/DD/YYYY): Number of seasons / camps playing basketball:

If signing up for **SYBL**, please indicate jersey size: ***Youth*** ☐S ☐M ☐L ***Adult*** ☐S ☐M ☐L ☐XL ☐XXL
(Note: please order on the large side, you will be charged for any additional shirts ordered)

Emergency name (*other than parent*): Phone number:

☐**While we can't guarantee or promise to accommodate requests**, please indicate the name of ONE other player your child would like to play with: _____ ☐or, please indicate if there is any day of the week that cannot attend practice: _____

Waiver of Liability & Photo Release: In consideration of participation in a class or activity offered by the City of Sunnyvale Department of Library and Community Services—Community Services Division, I, the undersigned for myself and/or as the parent/guardian of the Minor named above, agree to indemnify and hold the City of Sunnyvale harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against the City of Sunnyvale, its City Council, employees, agents, volunteers, independent contractors, and instructors from and against any liability arising out of or connected in any way with my and/or the Minor's participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. ■ I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my/our heirs and assigns. ■ I have read and agree to the registration and program policies. Further, I agree to allow use of my image and/or that of the named minor, which may be captured through video, photo, digital camera or other media, for City of Sunnyvale promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Parent/Guardian Signature:

Print Parent/Guardian Name:

Activity *(please check; note SYBL discount for signing up early)*	Fee *(Resident*/Non-resident)*	Fee
☐ Kindergarten, co-ed (322800.CA) ☐ 1st/2nd, boys (322800.BA) ☐ 1st/2nd, girls (322800.GE) ☐ 3rd/4th, boys (322800.BB) ☐ 3rd/4th, girls (322800.GF) ☐ 5th/6th, boys (322800.BC) ☐ 5th/6th, girls (322800.GG) ☐ 7th/8th, boys (322800.BD) ☐ 7th/8th, girls (322800.GH)		
☐ SYBL (Sunnyvale Youth Basketball League) if signing up on or before October 31, 2015	$158/$198	
☐ SYBL (Sunnyvale Youth Basketball League) if signing up after October 31, 2015	$189/$236	
☐ My check is attached. Make payable to *City of Sunnyvale.* *(Please note: $30 charge for all returned checks)*	Total	

Charge my: ☐ Visa ☐ MasterCard $ _____ 3-Digit Security Code (last 3 digits from back of card): _____

Name of Card Holder (please print):

Card Number: Expiration Date (MM/YY):

Card Holder Signature Date:

Sign-ups will be taken on a first-come basis! • Incomplete registration forms will be returned. *Attach proof of Sunnyvale residency to qualify for resident fees.

☐ I would like to volunteer as a coach. ☐ I would like to volunteer as an assistant coach with _____

Name: _____ Phone: _____

E-mail Address: _____