



# Torch Girls Basketball (2nd/3rd Grade)

Redwood City Parks, Recreation & Community Services | [www.teamsideline.com/redwoodcity](http://www.teamsideline.com/redwoodcity)



**PLEASE COMPLETE AND RETURN TO RED MORTON COMMUNITY CENTER - 1120 ROOSEVELT AVE, REDWOOD CITY**

**REGISTRATION DEADLINE: Wednesday, March 18, 2026. | CONTACT: Mike Smith 780.7254 [msmith@redwoodcity.org](mailto:msmith@redwoodcity.org)**

**REGISTRATION FEE: \$139**

**INFORMATION:** This instructional program is designed exclusively for girls, introducing participants to the fundamental skills of basketball through structured drills and game play. The program aims to build confidence, teamwork, and a love for the game in a supportive, all-girls environment. The first week of the program (4/13 and 4/15 - 4pm-5:30pm) will focus on fundamental skills in a clinic setting. For the remainder of the program (4/20-5/20/26), participants will have one team practice (Monday) and one game (Wednesday) per week, 4pm-5pm or 5pm-6pm. All practices and games will be held at The Armory Team schedules will be provided on 4/13. **REFUND POLICY:** If a class is cancelled by the department, a full refund will be issued. Class cancellations made one (1) week prior to the class start date will receive a refund less a \$5 cancellation fee. Participants who wish to withdraw from a class less than one (1) week prior to the start date will receive a department credit which may be applied to any future recreation department activity, less the \$5cancellation fee. In general, no refunds or credits will be issued after the class begins.



## ACTIVITY REGISTRATION

PARTICIPANT'S NAME First & Last	BIRTHDATE (mm/dd/yy)	GRADE	SCHOOL	GENDER (circle)	PROGRAM #	FEE
				M / F / NB / O	46.234	\$139

☐ Permission to walk home alone? If yes, check the box.

Total Fees \$

☐ Are you interested in coaching? If yes, check the box.

I wish to donate to the Youth Scholarship Fund + \$

Less Credit on Account - \$

**Participant T Shirt Size** (circle one) - **YS YM YL AS AM**

TOTAL \$

## PRIMARY CONTACT (Adult)

## COMPLETE ENTIRE FORM

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (Circle one) M F Non Binary Other

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_ Check box to receive promotional emails ☐

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone Carrier (if you wish to receive important text alerts- ATT, Verizon, etc.): \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Emergency Daytime Ph:(\_\_\_\_) \_\_\_\_\_ Emergency Evening Ph:(\_\_\_\_) \_\_\_\_\_

## LIABILITY WAIVER & PHOTO RELEASE (Adult)

**LIABILITY WAIVER** (all classes require the signature of each Registering Adult or the Parent or Guardian of any Minor(s). Permission to participate in the following programs, including associated travel sponsored by the City of Redwood City Parks, Recreation & Community Services Department is given for me and/or child as named below. In consideration of participation in these programs, I hereby indemnify and hold harmless and release the City of Redwood City, its agents, its employees and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I assume all risk for any injuries, including the risk of exposure to communicable diseases as a result of my child's and/or my participation in the program. To the extent I and/or my child are participants of virtual recreation classes, I acknowledge I am responsible for ensuring my child's and/or my environment is safe/free from obstructions and that any use of third-party applications (Zoom, Microsoft Teams, etc.) is done at our own risk. I sign of my own free will. **Sign Below**

**PHOTO RELEASE: I/we agree to allow use of my/our photograph in program publicity. I have read and fully understand these policies. Initial Below**



Waiver Signature

Photo Release Initial

Print Name

Date

## PAYMENT



☐ CREDIT CARD

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code (3 or 4 digit #) \_\_\_\_\_

Signature X \_\_\_\_\_

Name on Card (print) \_\_\_\_\_

☐ CHECK

Payable to: CITY OF RWC

\$15 returned check fee

☐ CASH



# CODES OF CONDUCT



## PLAYERS

- I will be a good sport (win or lose); Be honest, fair and always show good sportsmanship to all coaches, players, officials, parents, and fans at every game and practice.
- I will learn the value of commitment to the team. I will attend every practice and game that I can, and will notify my coach if I cannot.
- I will show courtesy and respect to teammates, opponents, officials, and coaches.
- I realize that athletic contests, including practice sessions, are educational experiences and opportunities.
- I will not engage in unsportsmanlike conduct or inappropriate behavior.
- I will treat everyone, including coaches, parents, players, and officials, with respect, regardless of race, creed, color, nationality, or gender.

By signing this document, I acknowledge that I have read and agree to comply with this Code of Conduct and understand that if I violate this agreement I could be subject to suspension or removal from my team.

Participant Name \_\_\_\_\_ Participant Signature \_\_\_\_\_

## PARENTS AND SPECTATORS

By registering my child in the Redwood City After School Sports Program, I agree to learn the rules of the game and the league and to comply with the following Parent Code of Conduct:

- I understand that my role as a parent is to support all players and coaches and to enjoy my child's opportunity to experience the benefits of participating in sports.
- I will help my child to learn the right lessons from winning and losing and from individual accomplishment and mistakes. I understand that performance is more important than winning.
- I will not attempt to coach from the sideline and I will show respect and courtesy to all game officials, players, coaches, and other spectators.
- I will engage in positive encouragement of all players at all times. I will refrain from making negative or abusive remarks to any player, coach, official, or other spectators.
- I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game. I will take time to speak with coaches at an agreed upon time and place.
- I will ensure that my child will attend all games and practices possible. When it's not possible, I agree to inform the coach in advance.

I understand that if I fail to comply with this Code of Conduct, I will be subject to sanctions by the Redwood City After School Sports Program. These sanctions include, but are not limited to being prohibited from attending any scheduled match or game.

By signing this document, I acknowledge that I have read and agree to comply with this Code of Conduct.



# CONCUSSION WAIVER



## PARENT/ATHLETE CONCUSSION AWARENESS INFORMATION

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding”, “getting your bell rung” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs and symptoms of a concussion can show up right after the injury or may appear days or weeks after the injury. If an athlete reports one or more symptoms of concussions listed below after a bump, blow or jolt to the head or body, they should be kept out of play the day of the injury and until a health care professional, experienced in evaluating concussions, says they are symptom-free and they are OK to return to play.

### SIGNS OBSERVED BY COACH/STAFF

Appears dazed or stunned  
Is confused about position or assignment  
Forgets an instruction  
Is unsure of game score or opponent  
Moves clumsily  
Answers questions slowly  
Loses consciousness (even briefly)  
Shows mood, behavior or personality changes  
Cannot recall events prior to hit or fall  
Cannot recall events after hit or fall

### SYMPTOMS REPORTED BY ATHLETE

Headaches or “pressure” in the head  
Nausea or vomiting  
Balance problems or dizziness  
Double or blurry vision  
Sensitivity to noise  
Feeling sluggish, hazy, foggy or groggy  
Concentration or memory problems  
Confusion  
Just not “feeling right” or “feeling down”

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow or jolt to the head or body they exhibit any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse or slurred speech
- Weakness, numbness or decreased coordination
- Convulsions, seizures or unusual behavior
- Cannot recognize people or places
- Becomes increasingly confused or agitated
- Loses consciousness for any amount of time

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is healing, they are much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. It can even be fatal.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove them from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play until a medical professional says they are symptom free and are OK to return to play. Rest is the key to help an athlete recover. Exercising or activities that involve a lot of concentration (studying, computers, video games) may cause concussion symptoms to reappear or worsen. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

I(we), hereby acknowledge having received education about the signs, symptoms and risks of sport related concussion as provided in the information above. I also acknowledge my responsibility to report to my coaches, parent(s) / guardian(s) any signs or symptoms of a concussion.

Athlete Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Sport: \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_