





\*\*\* Parents Please Note: Request for a team or coach are not accepted.





## 2022 CCYBL Basketball Registration

| Name:   | Nickname           |                              |                             |
|---|--------------------|------------------------------|-----------------------------|
| Has your child played basketball before?  |                    |                              |                             |
| Child's current approximate weightlb  | s. Age             | _ Date of Birth/_            | _/                          |
| What age division will your child play:   |                    |                              |                             |
| Did your child participate in football or cheer   | leading this past  | year?                        |                             |
| If so, name: Football   | Cheerleading       | <del></del>                  |                             |
| What age division will your child play/participate: Biddy (6-8) 9-1011-1213-1                 |                    |                              |                             |
| Parent's Names:   |                    |                              |                             |
| Mailing Address (including city & zip)  |                    |                              |                             |
| Mother's:   |                    | ner's:                       |                             |
| Email Address:<br>Home Phone #:   | Em:                | ne Phone #:                  |                             |
| Cell Phone #:   | Cell               | Phone #:                     |                             |
| Work Phone #:   |                    | rk Phone #:                  |                             |
| Emergency Contact & Phone Number  |                    |                              |                             |
| List any medical or physical condition(s) or res  | strictions (such a | s asthma):                   |                             |
| Birth Certificate: All participants must provid   | e a copy of their  | official birth certificate a | t the time of registration. |
| Your child will not be able to partic   | ipate without a    | copy of his/her birth cer    | tificate on file!!          |
| Basketball Players Registration Fee: \$40.00<br>This rate and special note below do not apply |                    |                              | •                           |
| *SPECIAL NOTE: CCYBL will provide your child  |                    |                              |                             |
| player will be responsible for providing athlet and replacement mouthpieces.                  | ic shorts, basketl | oall shoes, any protective   | wear (i.e. knee brace),     |
| Parent's Signature:   |                    | Date:                        |                             |

Cut-off Date: Registration ends January 24, 2022

## **WAIVER**

- 1. I hereby certify that my child is in normal health and capable of safe participation in the CCYBL youth sports program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the CCYBL to obtain medical treatment for my child in the event that parents and emergency contact cannot be reached.
- 2. In return for my child being allowed to participate in the CCYBL youth sports program, I agree to in no way hold CCYBL, their employees, sponsors or affiliates liable from all present and future claims that may be made by participant, family or me. I understand that participation in this program involves certain risk, including but not limited to serious injury. I am voluntarily allowing my child to participate in this program with knowledge of the danger involved and agree to all risk of such participation.
- 3. I understand that the CCYBL does NOT provide insurance.
- 4. I authorize the CCYBL to take pictures of my child for promotional purposes only. I understand that the photos will not be accompanied by my child's name.
- 5. I understand there will be a \$10 processing fee for canceling prior to the registration deadline.

As a parent/guardian, I promise to be respectful of the other parents, coaches, officials and children on both teams. I promise to show sportsmanship and keep in mind that we, as adults, will be setting examples for the children. Failure to sign this pledge may result in termination of my child's sports participation, as will any unacceptable behavior on my part.

| Parent Signature:  | Date:   |    |
|--|---|----|
| Special Note: ractice and Games will be schedule enter 157 Columbia Street, Ches | d at the City of Chester Aquatic and Fitne ster, S.C. | ss |
| nterest Meeting: January 8, 2022 –<br>Agribusiness Center – 111 Columbia         |   |    |
|  | Volunteer Opportunities                               |    |
| I would like to serve as a COACH   | Assistant Coach Team Parent                           |    |
| I would consider coaching  | g if my child's team does not have a coach.           |    |
| Please cont  | act me at   |    |

## Office Use Only

| FEE | DATE RECEIVED | RECEIVED BY | RECEIPT # |
|-----|---------------|-------------|-----------|
|     |               |             |           |