**2021– 2022 CYP Basketball**

**INSTRUCTIONAL BASKETBALL PROGRAM**

The CYP Panther Instructional Basketball program will formally begin on November 6, 2021. The instructional program is entering its 31st season and is designed for those boys and girls interested in learning how to play basketball. The program runs until the February break. The program focuses on teaching fundamentals. Each session is structured to provide both instruction and small sided drills/games. All players receive a CYP T-shirt and a basketball.

The weekly times for the 2 age groups for the instructional program are ***tentatively*** scheduled as follows:

- K – 3rd grade Boys (Mon 5:30 - 6:45 PM & Sat morning between 8:15 AM – 12:30 PM)

- 1st - 3rd grade Girls (Tues 5:30 – 6:45 PM & Sat morning between 8:15 AM – 12:30 PM)

***(Exact times will to change based on instructor and enrollment)***

Location: Park Road Elementary School.

Due to the popularity of the program, registration is limited. Bring your completed registration form and payment (check for $150 made payable to **CYP Basketball)** in an envelope and drop at location(s) listed below.

1. There will be a drop off box located in the driveway at 326 Thornell Road from October 26 – October 30.
2. There will be a drop off box located on October 30th located at Mendon High School small gym, from 11:30 AM – 5 PM.

Complete registration form located on web site under tab “Instructional Sign up”. This is used to cross check for expected forms.

**WE DO NEED COACHES FOR THE PROGRAM, SO IF INTERESTED PLEASE SEND A NOTE DIRECTLY TO DON at** [**damicolegion@aol.com**](mailto:damicolegion@aol.com)

Registration is on a first received basis. No players can play without being registered. For further information, contact: Don D’Amico 385-8611 E-Mail-[damicolegion@aol.com](mailto:damicolegion@aol.com)

**CYP Instructional Basketball Registration / Insurance Form 2021-2022**

Check No.

*Checks payable to: CYP Basketball (Separate checks for each player, please.)* ***$150***

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Participant Name:

Address: City: Zip:

Grade: \_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Names (Full): \_\_\_\_\_\_\_

Phone (1): \_\_ \_\_\_  Phone (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring organization: Pittsford Youth CYP Basketball Inc. ("CYP")

**Release Statement:** My signature below confirms that I give permission for my child to participate in this league and CYP games/tournaments and other activities. I hereby release CYP, the coaches, assistant coaches, directors, board members, and Pittsford Central School District from any responsibility or liability in connection with CYP activities. This release shall be binding upon any legal representative of the undersigned now and in the future. Further, the undersigned agrees to indemnify and hold harmless the CYP basketball program, the coaches, assistants, directors, board members, and Pittsford Central School District for any judgment for damages against any of them in any action by the participant or legal representative as well as for their costs and expenses in defending such action, including reasonable attorney fees.

I give permission to a licensed physician or other hospital staff member to carry out emergency care deemed necessary to myself/child/ward when normal permission is unavailable. I certify that my child is in good physical health and has no limitations other than those I have listed above which may predispose him/her to risk during the program. I also fully realize that I must provide proper insurance coverage. CYP is not responsible for lost or theft of personal or team articles.

**Parent / legal guardian Signature \_\_\_**  **Date:** \_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_, am interested in coaching/assisting in the program