**CYP Basketball Registration / Insurance Form**

Check No.

**2022-2023**

*Checks payable to: CYP Basketball* ***(Separate checks for each player.)***

*Grades 3&4 $320 / Grades 5-8 $350 / Grade 9 - $200*

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jersey Shirt Size: \_\_\_\_\_\_\_

 Examples – YS, YM, YL YXL, MS, MM, ML

 E-Mail 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jersey Shorts Size: \_\_\_\_\_\_

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, Hoop Strength, 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 CYP, Hoops Strength, the coaches, assistants, directors, board members, and Pittsford Central School District for any judgement 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:** \_\_\_\_\_\_\_