



THE NEW CANAAN YMCA
 564 SOUTH AVE
 NEW CANAAN, CT 06840
 (203) 966-4528



2009 – 2010 New Canaan YMCA Rec Basketball Information

Thank you for considering the New Canaan YMCA Rec Basketball League for 2009– 2010. Please note the following:

REGISTRATION WILL TAKE PLACE AS FOLLOWS AND IS ON A FIRST-COME-FIRST-SERVED BASIS:

AUGUST 10: Registration For All Grades Begins; Online and Front Desk

<u>Grade</u>	<u>Registration Ends</u>	<u>Paperwork Due</u>	<u>* Basketball Begins</u>	<u>Evaluation Day</u>
K-8	October 9	October 12	November 21	October 17 (Gr 2-8 ONLY)
High School	December 1	December 4	January 9	No Evaluation

*1st Saturday game – Practices will begin the week of the 1st Saturday game.

If this is your first online registration attempt, members and non-members should set up an online account **at least one week** before August 10, 2009 in order to use online registration. Please refer to our website for online registration instructions. All participants after registration deadlines will be put on a wait list. When space is available, the child will be pulled from the wait list and registered. You will be contacted.

➤ **PAPERWORK** – Each and All players must have a **Basketball Information Sheet, Emergency Contact Form, Player Conflict Form and payment.** If paperwork is not completed by due date above the participant will not be permitted to play. Forms can be found online at the New Canaan YMCA website www.newcanaanymca.org. or at the front desk.

➤ **FEES – YMCA MEMBER:** *\$230.00 (2nd Grade and up)
 *\$160.00 (Kindergarten & 1st Grade)

***Membership must be valid through March 31, 2010 for member fee to be valid. If membership expires during basketball season it must be renewed or the non-member fee will be charged.**

NON-MEMBER: \$330.00 (2nd Grade and up)
 \$260.00 (Kindergarten & 1st Grade)

➤ **VOLUNTEERS** – Anyone who is involved with the YMCA Rec League (Coaches) **MUST** fill out the **Volunteer Application.** This form can also be found online or at the front desk. Once selected, a background check will be performed.

➤ **REFUND POLICY IS AS FOLLOWS** – Parents must initiate refund. After registration ends, a prorated refund will be provided, less a \$15 per child service charge when the space is filled. **If the space is not filled, no refund will be issued. PLEASE NOTE:** If you choose to register your son or daughter for the New Canaan YMCA Rec League and they make the New Canaan High School or Travel Team, your refund will be prorated from the time you left the program. If the space is filled, a refund will be provided less a \$15 service charge per child. **ALSO NOTE:** There will be no refund of league registration fee for “non-members” who change to “members” **after registration ends.**

➤ **SECURITY PICTURES** – All players regardless of age must have their picture taken for security purposes. Pictures will be viewed only at Membership Check-In. Each and every time a player enters the Y; they **must** stop at Check-In, give their name, and then proceed to the gym. Pictures for K-8 must be on file at the Y by Wednesday, **October 17.** High school pictures by **January 2.** All league coaches must also have their pictures taken by listed dates. Thank you in advance for your cooperation.

Please keep this form for your information. If you have any questions regarding the League, you may contact Mychal Thigpen, Sports Director at mthigpen@newcanaanymca.org, (203) 966-4528 Ext. 152. Please feel free to contact Joan Cerniglia at (203) 966-4528 Ext 132 for questions regarding registration.



564 South Ave
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INFORMATION SHEET

NEW CANAAN YMCA BOYS & GIRLS BASKETBALL REC LEAGUE 2009 - 2010

REGISTRATION WILL TAKE PLACE AS FOLLOWS AND IS ON A FIRST-COME-FIRST-SERVED BASIS:

AUGUST 10: Registration For All Grades Begins; Online and Front Desk

<u>Grade</u>	<u>Registration Ends</u>	<u>Paperwork Due</u>	<u>* Basketball Begins</u>	<u>Evaluation Day</u>
K-8	October 9	October 12	November 21	October 17 (Gr 2-8 ONLY)
High School	December 1	December 4	January 9	No Evaluation

***1st Saturday game – Practices will begin the week of the 1st Saturday game.**

Name _____ Sex _____ Age _____ DOB _____
 Address _____ City _____ ST _____
 Tel. # _____ Work Tel. # _____ Cell # _____
 Email _____ (Please Print Clearly)
 Grade _____ School Attended _____
 Height _____ Weight _____
 Prior Basketball Experience _____

The following boys and girls leagues will be offered for Fall 2009 unless otherwise noted:

*Kindergarten Clinic (Co-ed)	2 nd Grade	5 th & 6 th Grade	High School (9 th Grade & Up)
*1 st Grade Clinic (Coed)	3 rd & 4 th Grade	7 th & 8 th Grade	

Type of Membership: Youth _____ Student _____ Family _____ Exp. Date _____

YMCA MEMBER FEE: *\$230.00 (2nd Grade and up)
 *\$160.00 (Kindergarten & 1st Grade)

***Membership must be valid through March 31, 2010 for Member fee to be valid.**

NON-MEMBER FEE: \$330.00 (2nd Grade and up)
 \$260.00 (Kindergarten & 1st Grade)

PLEASE NOTE: There will be no refund of league registration fee for “non-members” who change to “members” after October 1.

AGREEMENT

“I understand that the YMCA will place my child on a team based upon his/her ability. I also understand that because of the number of children who register for this program, “special requests” cannot be honored. I fully accept my child’s team placement.

Parent’s Signature _____ **Date** _____



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**EMERGENCY CONTACT INFORMATION
 NEW CANAAN YMCA BOYS & GIRLS
 BASKETBALL REC LEAGUE
 2009 - 2010**

Please fill out and return with basketball information forms. All areas of the form must be complete, one form per child.

Mother/Guardian _____ Home # _____

Work # _____ Cell # _____

Father/ Guardian _____ Home # _____

Work # _____ Cell # _____

PERMISSION AUTHORIZATION

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) or the emergency contact cannot be reached."

INSURANCE CO _____ INSURANCE POLICY # _____

Doctor's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

- I understand that any expense incurred, due to the above, will be borne by the child's family.
- I understand **NO REFUNDS** will be made unless the space is filled. **(Except for verified medical reasons.)**

Please provide two emergency contact people, other than parents or guardians. This person should be able to respond to an emergency during the New Canaan YMCA Basketball Rec League Season.

1. _____ Home # () _____

Relationship to child: _____ Work/Cell # () _____

2. _____ Home # () _____

Relationship to child: _____ Work/Cell # () _____

Parent's Signature _____ Date _____

PLAYER CONFLICT FORM

NEW CANAAN YMCA BOYS & GIRLS BASKETBALL REC LEAGUE 2009 - 2010

Please Note: The information on this form will be used during the player placement process. In order to expedite this process and avoid conflicts with a player's non-basketball schedule, please complete this form and return it by **October 12.** High School forms are due by **December 4.**

Also, please keep in mind that with the very large number of participants registered, we cannot realistically accommodate all of the "special requests" that we receive.

All of the coaches in our program are VOLUNTEERS! Therefore, practice schedules are determined by the availability of the volunteer coach. So, if you are assigned a practice day which may present a conflict in your player's schedule, it is because there was not a spot on a team that worked with your child's availability. Your understanding is appreciated.

PLEASE SUBMIT ONE FORM PER CHILD. NO EXCEPTIONS!

Name of Child: _____ Phone: _____

Sex: _____ Email: _____ (Please Print Clearly)

Grade: _____ School Attending: _____

**Indicate below what days and times your child is not available for practice.
(Practices take place one day a week.)**

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
5:00 PM					
6:00 PM					
7:00 PM					
8:00 PM					

