
WHEN: June 24th – 26th
  • Session #1 is for grades 1st – 4th and runs from 5-6 pm.
  • Session #2 is for grades 5th – 8th and runs from 6-7 pm.

WHERE: Hanford High School

COST: $30.00

Families registering more than one participant will receive an additional 10% discount ($27 per player.)

 Reserve your spot today by contacting Evan Woodward by email at: columbiayouthsports@gmail.com or by calling: 531-3757

PLEASE BE SURE TO BRING YOUR OWN BASKETBALL!
Name: _______________________________  Gender: ___  Grade (2014-15): ______
Parent/Guardian: _______________________________  Phone #: ______________
Address: ______________________________________  City: _______________
Email address: _________________________________  Birthdate: _______________

Each participant in the summer league must have a current AAU card to participate. If you don’t have one, go to: www.aausports.org and sign up.

**AAU card:** (card number: ______________________________)

**Cost:** $30 or $27 if signing up more than one participant.

Please make checks payable to: **Columbia Youth Sports LLC**

Mail your registration form to:  
2634 Scottsdale Pl.  
Richland, WA 99354

It is required that participants in Columbia Youth Sports LLC Clinics carry insurance for injury and/or accident.

I have accident/medical insurance that covers my child.  
Our Insurance Co. is: _________________  Policy #: _______________

**Emergency – Information**

Home Phone #: ___________________  Work Phone #: ___________________
Emergency Contact Person: _________________  Phone #: _______________
Family Doctor: _____________________  Doctor’s Phone #: _______________

**Parent/Guardian Consent For Participation:**
I hereby give consent for my child to participate in Columbia Youth Sports LLC clinics. My signature indicates that the above information is accurate and that I understand there is a risk of injury associated with participation in this activity. In the event of a serious injury and I cannot be reached, the staff has my permission to seek appropriate medical attention for my child.

Parent/Guardian Signature: _________________  Date: ____________

If you have any questions or need more information: Call Evan Woodward (531-3757) or email at columbiayouthsports@gmail.com