Summer Basketball League for GIRLS & BOYS


WHEN: Monday’s and Wednesday’s:
- Session #1 is for grades 1st – 4th and runs from 5-6pm.
- Session #2 is for grades 5th – 7th and runs from 6-7 pm.
- Session #3 is for 8th grade and runs 7-8pm
- Dates: June 30th – July 23rd.

WHERE: Hanford High School

DETAILS:
- New teams established each night which allows for flexible attendance – players can make/miss as many nights as they wish.
- Winning teams awarded prizes each night.
- All games will be officiated. High school rules apply with some exceptions.

COST: $40.00

REGISTRATION: Reserve your spot today by email at: columbiayouthsports@gmail.com or by calling: 531-3757
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: $40. Come as often as you’d like.

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