Summer Basketball League for GIRLS & BOYS

WHO: Girls & Boys in grades Kinder – 8\textsuperscript{th} for 2016-17.

WHEN: Monday nights:
- Session #1 is for grades Kinder – 4\textsuperscript{th} and runs from 5-6pm.
- Session #2 is for grades 5\textsuperscript{th} – 8\textsuperscript{th} and runs from 6-7 pm.
- Dates: June 20, 27, July 11, 18, 25.

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.
- All games will be officiated. High school rules apply with some exceptions.

COST: $25.00 ($5.00/night)

REGISTRATION: Reserve your spot today by email at: columbiayouthsports@gmail.com or by calling: 531-3757
COLUMBIA YOUTH SPORTS LLC
GIRLS & BOYS BASKETBALL SUMMER LEAGUE
REGISTRATION FORM

Name: ________________________________________ Gender: ___ Grade (2016-17): ___
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: $25. Come as often as you’d like.

Please make checks payable to: Columbia Youth Sports LLC

Mail your registration form to:
2105 Davison Ave.
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 columbiayoungsports@gmail.com