

# CEDARBURG YOUTH BASKETBALL LEAGUE 2023-2024 (ONE FORM PER CHILD ONLY)



**IMPORTANT – PLEASE READ & KEEP THIS PORTION FOR YOUR REFERENCE**



**REGISTRATION:** Register online at [www.cedarburgparkandrec.com](http://www.cedarburgparkandrec.com), in person at the Cedarburg Parks & Recreation Office, or mail in to W63N645 Washington Avenue.

**DEADLINE:** Friday, October 27, 2023

**FEE:** \$160

**SKILLS TESTING & SCRIMMAGING:** Held at the Cedarburg Community Gym

4<sup>th</sup>/5<sup>th</sup> Grade League – Saturday, November 11<sup>th</sup> @ 9:30am **and** Sunday, November 12<sup>th</sup> @ 11:00am

6<sup>th</sup>-8<sup>th</sup> Boys League – Saturday, November 11<sup>th</sup> @ 11:00am **and** Sunday, November 12<sup>th</sup> @ 12:00pm

6<sup>th</sup>-8<sup>th</sup> Girls League – Saturday, November 11<sup>th</sup> @ 12:30pm **and** Sunday, November 12<sup>th</sup> @ 1:00pm

**PRACTICES:** Practices for all leagues will begin the week November 27<sup>th</sup>. Practices continue once games have started and will continue into March.

**GAMES:** Games begin in January and are held on Saturdays **AND** Sundays.

**\*\*NO PLAYER REQUESTS ACCEPTED\*\***

## YOUTH BASKETBALL LEAGUE REGISTRATION FORM 2023-2024

PLAYER NAME \_\_\_\_\_ BIRTH DATE \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_ CURRENT GRADE \_\_\_ SEX: M F

**HEIGHT:** FEET \_\_\_ INCHES \_\_\_ **(CORRECT HEIGHT NEEDS TO BE INCLUDED IN ORDER FOR YOUR CHILD TO BE PUT ON A TEAM)**

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**DOES YOUR CHILD PLAY ON THE CEDARBURG BASKETBALL CLUB (CBC)?** \_\_\_ YES \_\_\_ NO

**NIGHTS & TIMES YOUR CHILD IS UNABLE TO PRACTICE: (TEAMS PRACTICE TWICE PER WEEK)**

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_

THURS \_\_\_\_\_ FRI \_\_\_\_\_

**PLEASE RATE YOUR CHILD'S BASKETBALL SKILL LEVEL:**

\_\_\_ 1 (Brand new to Sport) \_\_\_ 2 (Played before but still learning) \_\_\_ 3 (Ok Skill/Ability)

\_\_\_ 4 (Average) \_\_\_ 5 (Above Average)

LIST ALL MEDICAL DISABILITIES, MEDICATIONS, ALLERGIES, ETC. **(\*\*NO PLAYER REQUESTS\*\*)**

**LEAGUE:** \_\_\_ 4<sup>TH</sup>/5<sup>TH</sup> GRADE BOYS & GIRLS LEAGUE \_\_\_ 6<sup>TH</sup>-8<sup>TH</sup> GRADE BOYS LEAGUE \_\_\_ 6<sup>TH</sup>-8<sup>TH</sup> GRADE GIRLS LEAGUE

**PLAYER SHIRT SIZE: (CIRCLE ONE)**

YOUTH SMALL YOUTH MED YOUTH LARGE ADULT SMALL ADULT MED ADULT LARGE ADULT XL

**COACHING INFORMATION:** \_\_\_ YES, I WOULD LIKE TO HEAD COACH \_\_\_ YES, I WOULD LIKE TO ASSISTANT COACH

COACHES NAME \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

COACHES, CHECK ALL NIGHTS YOU ARE **UNABLE** TO PRACTICE: MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_

**PARENTAL CONSENT:**

**I AGREE TO HOLD HARMLESS AND INDEMNIFY THE CITY OF CEDARBURG, THE CEDARBURG YOUTH BASKETBALL PROGRAM, THEIR AGENTS, EMPLOYEES, STAFF MEMBERS AND OTHER PERSONNEL FROM ALL LIABILITY ARISING OUT OF MY CHILD'S PARTICIPATION IN SAID BASKETBALL PROGRAM,**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE & CONSENT**

FOR OFFICE USE ONLY: FEE PAID \$ \_\_\_\_\_ DATE: \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_