Division of Parks, Recreation and Tourism
YOUTH BASKETBALL PROGRAM

NOW ACCEPTING NON-COUNTY RESIDENTS

Boys and Girls grades 2 - 12
Boy leagues and girl leagues available

Registration: October 10 - 28, 2016

Parks,Recreation & Tourism: Monday - Friday, 8:15 am - 5:00 pm

REGISTRATION INFORMATION

REGISTER

SAVE TIME! REGISTER ONLINE!!!

IN PERSON - Register at the Parks, Recreation and Tourism Office, 100 County Drive, Grafton. Office hours are 8:15 am to 5:00 pm, Monday - Friday. Mastercard and Visa accepted.

MAIL - A complete registration form with a check to PARKS, RECREATION & TOURISM, P.O. BOX 532, YORKTOWN, VA 23690. Please make checks payable to "**Treasurer, County of York**". NOTE: PLEASE SUBMIT ONE CHECK PER FAMILY.

ONLINE - Call 757-890-3500 or email parksandrec@yorkcounty.gov to set up your new online registration account or to obtain your username and password. You may then register online at http://recreation.yorkcounty.gov.

DATES

October 10 - October 28. All forms must be received prior to October 28th at 5:00 pm. The 2nd grade Instructional Class has a limit of 120 children and may reach this limit before October 28.

FEE

Resident: **$55** for the **first child**; **$50** for **each additional child** per family.
Non-County Resident: **$90** for all non-county residents.

ELIGIBILITY

York County residents and non-county residents **who are in grades 2-12** can participate. Children who are currently in grades 9-12 and are in the process of trying out for a school basketball team, are encouraged to register. Refunds will be given to those children who make their school team.

WAIVERS

The Board of Supervisors has authorized a fee waiver for this program for any child whose family income falls within the Supplemental Nutrition Assistance Program (SNAP - Federal Food Stamp) eligibility limits applicable to York County. Proof of eligibility along with proper ID are required for registration in person at the PRT office. This waiver is available for **York County** residents only.

NO SPECIAL REQUESTS

Teams are put together based on height, age, skill level and experience. Therefore, **carpool and coach requests will not be honored** when teams are being formed. Registrations received after the deadline will automatically be placed on a waiting list and assigned to teams on an as-needed basis.

LEAGUE INFORMATION

SCHEDULE

Practices are scheduled to begin December 3rd for grades 3-6. Coaches will contact your child regarding time and locations after November 30th. Practices are scheduled to begin December 10th for grades 7-12. Coaches will contact your child regarding time and locations after December 7th. Games are scheduled to begin January 7th.

2ND GRADE INSTRUCTIONAL CLASS

This coed class is an instructional program with paid instructors teaching basketball skills and fundamentals. Classes meet for one hour each Tuesday for ten (10) consecutive weeks and will begin January 3rd. T-shirts are not provided. Program culminates with a game for the parents to see their children demonstrate what they have learned! Limited to the first 120 children that register.

EQUIPMENT

Participants should wear sneakers and shorts/pants **without zippers or pockets** to all practices and games. All jewelry is prohibited. Uniform t-shirts are provided for grades 3-12.

INFORMATION

For more information, please call York County Parks, Recreation and Tourism at 890-3500.

These materials are neither sponsored nor endorsed by the York County School Division or its schools.

REGISTRATION FORM ON REVERSE SIDE

WE NEED YOUR HELP! VOLUNTEERS ARE NEEDED!

Are you a parent of an excited basketball player? Do you have a little time to pass along your knowledge of the sport? Do you want to learn? We CAN teach you! Please consider serving as a coach or assistant coach and let us know on this registration form. ***Thank You!***

☐ **Coach** **NAME:** _____

☐ **Assistant Coach** **PHONE:** _____

Background checks will be conducted on all volunteer coaches.

REGISTRATION FORM (ONE FORM PER PARTICIPANT)

Participant's Name: _____ ❑ Resident ❑ Non-Resident

Gender: ❑M ❑F Date of Birth: ____/____/____ Age: _____ Grade: 12 School: OTHER

Parent/Guardian Name: _____

Address: _____ City/State: _____ Zip: _____

Home: #_____ Work: #_____ Emergency: #_____ Cell: #_____

Emergency Contact Name: _____

Email: _____

Does the above participant have any special conditions that the Division of Parks, Recreation and Tourism should be aware of? ❑Yes ❑No If yes, please specify: _____

I have a sibling in grade(s) _____ registered as well.

Have you ever repeated a grade? ❑ Yes ❑ No

Are you trying out for a school team? ❑ Yes ❑ No

Have you played on a school team before? ❑ Yes ❑ No

Height (Feet/inches) _____

REGISTRATION POLICIES & CONSENT (SIGNATURE REQUIRED)

Important: Read the following carefully before signing below. As a registered participant OR a parent or legal guardian of a registered participant in any activity sponsored by York County Parks, Recreation and Tourism, I acknowledge and consent to the program policies listed here as indicated by my signature below:

Acknowledgement and Assumption of all Inherent Risk: I recognize and acknowledge that there exist certain inherent risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I and/or the listed dependent(s) registered here may sustain as a result of, or in any way connected with participating in any and all registered activities on this Registration Form.

Indemnity: I hereby do fully release, absolve, indemnify, and hold harmless the County of York, Virginia, its Officers, Agents, Employees and Volunteers from and against any, and all, liability which I and/or a listed dependent on this Form may suffer as well as from any claims from injury, including death, damages or loss which I and/or any registered dependent(s) on this Form may have or incur as a registered participant in an activity sponsored by York County Parks, Recreation and Tourism.

Medical Care: I authorize the County of York, Virginia, its Officers, Agents, Employees and Volunteers, at any such person's discretion to administer emergency first aid treatment and at my expense to obtain the services of a physician(s) and or rescue squad and authorize the same to effect such treatment of the registrant(s) as they deem advisable. I also assume responsibility for carrying appropriate medical plans including hospitalization.

Authorized Media Release: I understand that the registered individual(s) on this form may be photographed and/or videotaped for promotional purposes and give my permission for these photos to be used in public media (print and online newspapers, television and radio broadcoast, etc.) and official York County publicity (including York County Government and School cable channels, internet Web sites, press releases, social media postings, YouTube, publications, fliers, displays, and presentations).

X _____ SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN _____ DATE

LEAGUE:	GRADES	DAYS	CHECK ONE
Instructional Class - Coed	Grade 2	Tues	40A
Primary Boys	Grades 3 & 4	M/W/Sa*	21A
Primary Girls	Grades 3 & 4	Tu/Th/Sa*	31A
Elementary Boys	Grades 5 & 6	M/W/Sa*	22A
Elementary Girls	Grades 5 & 6	M/W/Sa*	32A
Intermediate Boys	Grades 7 & 8	Tu/Sa	23A
Intermediate Girls	Grades 7 & 8	Th/Sa	33A
Junior Boys	Grades 9-12	Th/Sa	24A
Junior Girls	Grades 9-12	Tu/Sa	34A

*Meeting days for practices and games alternate from 2 to 3 times per week subject to gym availablility.

CHECK T-SHIRT SIZE:

☐Youth Medium	10-12
☐Youth Large	14-16
☐Adult Small	34-36
☐Adult Medium	38-40
☐Adult Large	42-44
☐Adult X-Large	46-48

Print Form