

2nd, 3rd & 4th Boys
3rd & 4th Girls
Southern Cayuga Youth Basketball League

Dear Parents and Players,

The S.C.Y.B.L. is a recreational basketball league with the primary focus of developing fundamental player skills while learning teamwork and practicing good sportsmanship. S.C.Y.B.L. teams compete in the Cayuga County Youth Organization. Practices and scrimmages are scheduled during the week, and games are played on Saturdays.

The registration fee is used to pay for league expenses. A team jersey will be provided for each player which is to be returned at the end of the season. The season starts with practice in November and games in December, January, and February. Players are accepted on a first come –first serve basis. Players will be placed on teams with 7-12 members. Coaches will contact players with game times and locations.

Teams:
2nd & 3rd grade boys
4th grade boys
3rd & 4th grade girls

Good sportsmanship is the collective responsibility of parents, players, and coaches. By signing the registration form, all agree to abide by the rules and regulations of the S.C.Y.B.L. and the C.C.Y.O.

Registration forms are due by **October 26, 2009.** The fee for the season is \$35.00. Return forms and checks:

<i>mail to:</i> Laura Burns 2482 Fry Road Aurora, NY 13021	or	<i>drop off:</i> Joanne Cartner Southern Cayuga Central School Athletic Office
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Make checks payable to: Southern Cayuga Youth Basketball League, Inc.
Questions?? Contact Paul Redmond 364-7549 or Lisa Killian 651-7960

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PLAYER REGISTRATION FORM: Southern Cayuga Youth Basketball League, Inc.

Child's Name: _____ **Date of Birth:** ____/____/____

Address: _____ **City:** _____ **Zip:** _____

Grade: _____

Please check if interested in: Coaching _____ Assistant Coaching _____

Parent or Guardian's Name: _____ **Phone:** _____

I agree to enroll my child in the Southern Cayuga Youth Basketball League, Inc. (SCYBLI). I also agree that my child will not play in any other recreational basketball leagues during the CCYO season. I further agree to waive any claims against SCYBLI for medical or accident care outside the limits of the league's insurance. In the event of injury I also authorize medical treatment for my child.

Parent or Guardian's Signature: _____ **Date:** _____

5th & 6th Grade Boys
5th & 6th Grade Girls
Southern Cayuga Youth Basketball League

Dear Parents and Players,

The S.C.Y.B.L. is a recreational basketball league with the primary focus of developing fundamental player skills while learning teamwork and practicing good sportsmanship. S.C.Y.B.L. teams compete in the Cayuga County Youth Organization. Practices and scrimmages are scheduled during the week, and games are played on Saturdays.

If you are in the **fifth or sixth grade**, and are interested in participating, please complete and return the registration form with the \$45.00 registration fee. The fee is used to pay for league expenses. A team jersey will be provided for each player which is to be returned at the end of the season. The season starts with practice in November and games in December, January, and February. Players are accepted on a first come –first serve basis. Players will be placed on teams with 7-12 members. Coaches will contact players with game times and locations.

Good sportsmanship is the collective responsibility of parents, players, and coaches. By signing the registration form, all agree to abide by the rules and regulations of the S.C.Y.B.L. and the C.C.Y.O.

Registration forms are due by **October 26, 2009**. The fee for the season is **\$45.00** for 5th & 6th Grades. Return forms and checks by:

<i>mail to:</i> Laura Burns 2482 Fry Road Aurora, NY 13021	or	<i>drop off:</i> Joanne Cartner Southern Cayuga Central School Athletic Office
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Make checks payable to: Southern Cayuga Youth Basketball League, Inc.
Questions?? Contact Paul Redmond 364-7549 or Lisa Killian 651-7960

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PLAYER REGISTRATION FORM: Southern Cayuga Youth Basketball League, Inc.

Child's Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ Zip: _____

Grade: _____

Please check if interested in: Coaching _____ Assistant Coaching _____

Parent or Guardian's Name: _____ Phone: _____

I agree to enroll my child in the Southern Cayuga Youth Basketball League, Inc. (SCYBLI). I also agree that my child will not play in any other recreational basketball leagues during the CCYO season. I further agree to waive any claims against SCYBLI for medical or accident care outside the limits of the league's insurance. In the event of injury I also authorize medical treatment for my child.

Parent or Guardian's Signature: _____ Date: _____

7th & 8th Grade Boys
Southern Cayuga Youth Basketball League, Inc.

Dear Basketball Player:

If you are in the **seventh or eighth grade**, and are interested in participating in the CCYO basketball program, please complete and return the registration form with the \$45.00 registration fee. The fee is used to pay for league expenses. A team jersey will be provided for each player which is to be returned at the end of the season. **The season starts in January 2010**, after the boys modified season ends and usually runs into March. Players are accepted on a first come – first serve basis. Players will be placed on teams with 7-12 members. Coaches will contact players with game times and locations.

Registration forms are due by **December 28, 2009.** The fee for the season is \$45.00 for 7th & 8th graders. Return forms and checks by:

<i>mail to:</i> Laura Burns 2482 Fry Road Aurora, NY 13021	or	<i>drop off:</i> Joanne Cartner Southern Cayuga Central School Athletic Office
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Make checks payable to: Southern Cayuga Youth Basketball League, Inc.
There will be no refunds after the season begins.

Questions?? Paul Redmond 364-7549 or Lisa Killian 651-7960

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PLAYER REGISTRATION FORM: Southern Cayuga Youth Basketball League, Inc.

Child's Name: _____ **Date of Birth:** ____/____/____

Address: _____ **City:** _____ **Zip:** _____

Grade: _____

Please check if interested in: **Coaching** _____ **Assistant Coaching** _____

Parent or Guardian's Name: _____ **Phone:** _____

I agree to enroll my child in the Southern Cayuga Youth Basketball League, Inc. (SCYBLI). I also agree that my child will not play in any other recreational basketball leagues during the CCYO season. I further agree to waive any claims against SCYBLI for medical or accident care outside the limits of the league's insurance. In the event of injury I also authorize medical treatment for my child.

Parent or Guardian's Signature: _____ **Date:** _____

7th & 8th Grade Girls
Southern Cayuga Youth Basketball League, Inc.

Dear Basketball Player:

If you are in the **seventh or eighth grade**, and are interested in participating in the CCYO basketball program, please complete and return the registration form with the \$45.00 registration fee. The fee is used to pay for league expenses. A team jersey will be provided for each player which is to be returned at the end of the season. The season starts in November and will end by the first week of January 2010, when the girls modified season begins. Players are accepted on a first come –first serve basis. Players will be placed on teams with 7-12 members. Coaches will contact players with game times and locations.

Registration forms are due by **October 19, 2009.** The fee for the season is \$45.00 for 7th & 8th graders. Return forms and checks by:

<i>mail to:</i> Laura Burns 2482 Fry Road Aurora, NY 13021	or	<i>drop off:</i> Joanne Cartner Southern Cayuga Central School Athletic Office
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Make checks payable to: Southern Cayuga Youth Basketball League, Inc.
There will be no refunds after the season begins.

Questions?? Paul Redmond 364-7549 or Lisa Killian 651-7960

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PLAYER REGISTRATION FORM: Southern Cayuga Youth Basketball League, Inc.

Child's Name: _____ **Date of Birth:** ____/____/____

Address: _____ **City:** _____ **Zip:** _____

Grade: _____

Please check if interested in: **Coaching** _____ **Assistant Coaching** _____

Parent or Guardian's Name: _____ **Phone:** _____

I agree to enroll my child in the Southern Cayuga Youth Basketball League, Inc. (SCYBLI). I also agree that my child will not play in any other recreational basketball leagues during the CCYO season. I further agree to waive any claims against SCYBLI for medical or accident care outside the limits of the league's insurance. In the event of injury I also authorize medical treatment for my child.

Parent or Guardian's Signature: _____ **Date:** _____