

CNS OPTIMIST
GIRLS BASKETBALL PROGRAM
2017-2018 SEASON

Who: 3rd through 9th grade girls

When: 3rd and 4th graders – will practice/play on Saturdays
5th through 9th graders – will practice Tuesday or Wednesday night and play games on Saturdays

The 13 week program will run from Saturday, October 7, 2017 through Saturday, January 20, 2018

Where: All girls will be at **GILLETTE ROAD MIDDLE SCHOOL** on Saturdays; in addition, Grades 5-9 will practice either Tuesday or Wednesday night at Gillette Road Middle School

Cost: **Grades 3 and 4 :** \$75.00 per player **Grades 5,6,7,8, 9** - \$80.00 per player
2 or more family members - \$70 per player

MAKE CHECKS PAYABLE TO: CNS OPTIMIST CLUB

Registration: See back of this paper for registration options. Registration deadline is **FRIDAY, SEPTEMBER 22, 2017. NO REGISTRATIONS WILL BE ACCEPTED AFTER THIS DATE.**

During this 13 week program girls of all skill levels will have the opportunity to develop and enhance their basketball skills in a fun atmosphere. The girls will also have an opportunity to use the skills they have learned in game play. Girls will be given equal playing time during games.

NOTE: All girls in Grades 5-9 will have a Skills Evaluation Night on Thursday evening, September 28, 2017 at Gillette Road Middle School. Times are: Grades 5, 6: 5:45-7:00 and Grades 7, 8, 9: 7:00-8:15

NOTE: All teams will be coached by parents/volunteers. If you are interested in coaching, please fill out the “Adult willing to coach” section on the bottom of this sheet. We would like to have a couple of coaches per team, so even if you have limited basketball knowledge but are willing to help, please sign up!

ANY QUESTIONS? Please EMAIL : cnsoptimistclub@gmail.com

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CNS OPTIMIST GIRLS BASKETBALL PROGRAM REGISTRATION

Player Name _____ **Grade** _____ **School** _____

Address _____

Email: _____ **(THIS IS OUR MAIN WAY TO COMMUNICATE WITH YOU-PLEASE PRINT CLEARLY)**

Phone: _____ **(Grades 5-9: Let us know if player cannot practice a certain night)**

PLAYER T-SHIRT SIZE (Circle One): YOUTH: S(6-8) M(10-12) L(14-16) XL(18-20)
OR ADULT: S M L XL (All girls will receive a T-Shirt)

ADULT WILLING TO COACH? Name _____

T shirt size _____ **Relationship to player** _____ **Phone** _____

Email: _____

Note: Coaches grades 5-9 must attend a coaches meeting on Wednesday, September 27, 2017 at 7:00 pm at the CANTEEN ROUTE 31(in front of CNS High School) and skills evaluation on Thursday, September 28. Coaches grades 3 and 4 must attend coaches meeting on Thursday, September 28, 2017 at 7:00 pm.

REGISTRATION INFORMATION

WALK IN REGISTRATION: NSEA OFFICE, 210 SOUTH MAIN STREET (RT. 11 ACROSS FROM MAIN STREET SCHOOL), NORTH SYRACUSE 13212

WHEN: THURSDAY, SEPTEMBER 14, 2017 AND TUESDAY, SEPTEMBER 19, 2017

TIME: 6:00- 8:30 PM

BRING: Completed Registration form and payment (check or cash). We will have extra forms if needed

MAIL IN REGISTRATION: If you are unable to make either of the walk in registration dates- you may mail in your registration and payment.

- Be sure both sides of bottom of registration form are filled out (you keep top portion).
- Enclose check payable to: CNS Optimist Club
- Mail to: CNS Optimist Club PO Box 3883 North Syracuse, NY, 13220

ADDITIONAL REGISTRATION FORMS CAN BE FOUND AT: CNSOptimist.com

PLEASE NOTE: ABSOLUTE DEADLINE FOR REGISTRATION IS: FRIDAY, SEPTEMBER 22,

2017. IF THERE IS A PROBLEM WITH GETTING REGISTRATION / PAYMENT TO

US BY THEN PLEASE EMAIL: cnsoptimistclub@gmail.com BEFORE THE DEADLINE DATE OF SEPT. 22, 2017.

PARENTS: A short, but important parent meeting will be held on Saturday, October 7, 2017 at the start of your daughter's basketball time for that day. Please make every effort to have a parent/guardian attend this meeting.

Concession Stand: CNS Optimist Club will provide a concession stand every Saturday. Available for purchase will be: Gatorade, water, coffee, tea, hot chocolate, donuts, bagels/cream cheese/butter, candy, snacks, etc. Please support our club in helping to raise funds for all the programs we provide for the youth in our area.

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Medical and Liability Release Information: I, the parent/guardian of the Player, hereby give consent for emergency medical treatment as prescribed by a duly licensed Doctor of Medicine or Dentistry whenever and under whatever conditions are necessary to preserve the life, limb or well-being of the Player. I also hereby assume responsibility for payment of such treatment. I also hereby certify that all of the provided personal information is accurate and that it is with my full knowledge and consent that the above applicant may take part in the basketball program run by the CNS Optimist Club.

Further, the applicant, any guests we bring and I will abide by the rules of the program and the rules of the facilities used for games and practices.

I will not hold the CNS Optimist Club, the CNS Girls Basketball Program, its principals, or representatives, responsible for any injury my child may sustain while engaged in this program. I also certify that the Player has no physical limitations which prevent participation in basketball.

I have read and understand the content of the permission/release form and I am aware that participation is voluntary.

Parent/Guardian Signature _____ **Date** _____

Print Name _____

Any Medical Concerns We Should Know About? _____

