

CNS OPTIMIST GIRLS' BASKETBALL REGISTRATION 2025

Player Name: _____ **Grade:** _____ **School:** _____
(First) (Last)

Address: _____ **Phone:** _____

Email: _____ **\$ Paid:** _____
(Must have your email to communicate the schedule, changes or updates)

A Team Tee Shirt will be provided for each girl. Select size below. Check ONE size:

YOUTH	<input type="checkbox"/>	S(6-8)	<input type="checkbox"/>	M(10-12)	<input type="checkbox"/>	L(14-16)	<input type="checkbox"/>	XL (18-20)
ADULT	<input type="checkbox"/>	Small	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Large	<input type="checkbox"/>	XL

Medical and Liability Release

I, _____, the parent or guardian of _____
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 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.

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 consent of the permission/medical release form and I am aware that
participation is voluntary.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____
(First) (Last)

Any medical concerns we should know about registered player:

Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

**FURTHER, I understand that the registrant and any guests will abide by the rules of the
program, the rules of the facilities, and the code of conduct of the NSCSD for games and
practices.**

Registrant/Player

Parent/ Guardian

☐

**Please check box if you would be interested in volunteering to coach and we will
contact you. Thank You!!** **Name:** _____ **Phone:** _____

CNS OPTIMIST GIRLS' BASKETBALL PROGRAM 2025

INFORMATION AND REGISTRATION

This program runs 8 weeks, Saturday October 11, 2025 to Saturday, December 6, 2025

This program will allow all girls to have the opportunity to develop and enhance their basketball skills in a fun atmosphere. Girls will be given equal playing time during games.

Grades: 3rd – 6th grade girls (Limited to 40 girls for each division)

Schedule: * 3rd & 4th grade girls will practice and play games on Saturdays starting October 11th
• 5th & 6th grade girls will practice Tues. or Wed. nights - play games on Saturday
Practice will start Tuesday (9/30) or Wednesday (10/1) First game: September 11th

Location: Gillette Road Middle School All games on Saturday (3rd – 6th)
Practice Tuesday or Wednesday (5th & 6th)

Dates: Games: Oct. 11, 18, 25 Nov. 1, 8, 15, 22 Dec. 7 (Dec. 13th – backup date)

Time: 9 am or 10 am

Price: \$90 each player
(2 girls same family: \$160) (3 girls same family \$235)

Payment: Make checks payable to: CNS Optimist Club (Payment must be paid with registration)

Registration: Complete form and return with payment check. Deadline is September 22, 2025

Skills Evaluation: 5th & 6th grade, Thursday, October 2, 2025 at Gillette Middle School 6:15 -7 pm

Coaches: All teams will be coached by parents/volunteers. If you are interested in coaching, please check the box on the form and we will contact you. Thank you for helping our youth.

Questions: Please email: ciceronorthsyracuseoptimists@gmail.com or leave message (315)263-8459

REGISTRATION INFORMATION

Additional registration forms can be found at registration and online: cnsoptimist.com

Walk in Registration:

Location: NSEA Office, 210 South Main Street, North Syracuse NY 13212
(Rt. 11 across from Main Street School)

Date/Time: **September 16th 4-6 PM or September 17th 4-6 PM**

Form/Payment: Checks made out to: **CNS Optimist Club**

Mail in Registration:

Mail to: **CNS Optimist Club, P O Box 3883, Syracuse NY 13220**

Form/Payment: Completed and signed registration form
Include CHECK payment, payable to CNS Optimist Club

Deadline: September 22, 2025

Parent/Guardian: A parent or guardian is "required" to attend an important (brief) meeting prior to the start of the first game, Saturday, Oct. 11th