



YARDVILLE CYO

INTERMEDIATE LEVEL

SPRING BASKETBALL LEAGUE

A COED BASKETBALL LEAGUE FOR 6 & 7 YEAR OLDS

STARTING APRIL 23, 2023

*Games and practices will be held
in the GYM at the Yardville CYO location!*

Game Dates: Sunday 4/23, Friday 4/28,
Sunday 5/7, Friday 5/12, Sunday 5/21, Sunday 6/4

**there will be no practices on FRIDAY NIGHT games*



**AGE REQUIREMENTS: MUST BE BETWEEN THE AGES OF 6 - 7 BY
APRIL 23, 2023**

REGISTRATION FEE: \$95.00

**SPACES
LIMITED!**

* VOLUNTEER COACHES NEEDED

* SPONSORSHIP OPPORTUNITIES ALSO AVAILABLE

***Registration - FIRST COME, FIRST SERVED!**

Any questions, please contact Dan Bossio at 609-585-4280

ext 112 or email dbossio@cyomercer.org

Please return bottom portion with payment in full to :

Yardville CYO Attn: Dan Bossio
453 Yardville Allentown Road
Yardville, NJ 08620
or fax: 609-585-2435



Child's Name: _____ Birth Date: _____

Parent's Name: _____

Address: _____

Contact #: _____

Email: _____

Pay By : Check Cash Credit Card (\$95.00 registration fee)

Credit Card #: _____ Exp. _____

Interest in being a Volunteer Coach? Y / N or A Team Parent? Y / N

MERCER COUNTY CYO

Permission to Participate

I give permission for my child _____ to participate in CYO Athletics.

Parent's or Guardian's Signature _____

Medical Authorization

I certify that my child's current physical condition is satisfactory for participating in CYO Athletics. I know of no reason to restrict my child's activity and give permission in CYO Athletics. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the CYO of Mercer County to hospitalize, secure proper treatment for, and injection of anesthesia or surgery for my child named above.

Parent or Guardian's Signature _____

Acknowledgement of Risk/Waiver and Release

I certify that my child's physical condition is satisfactory for participating in the above CYO Program. I recognized that there are certain risks of physical injury in any athletic program and I hereby assume full responsibility for any expensed incurred as a result in my child's participation in CYO Athletics. I agree to: (A) waive and relinquish; (B) fully release and discharge; and (C) indemnify and hold harmless the Mercer County CYO and the Diocese of Trenton and their officers, agents and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in CYO Athletics.

Parent or Guardian's Signature _____

Photo/Video Release

I give ___/do not give ___ the CYO permission to use any photographs or video footage of my child for any promotional or other legitimate reason, including in newspapers, brochures, website, facebook, etc...

Signature _____ Date _____

PARENT / EMERGENCY CONTACT INFORMATION

Mother / Guardian's Name: _____ Address: _____
Phone Numbers: (H) _____ (W) _____ (C) _____
E-mail Address: _____

Father / Guardian's Name: _____ Address: _____
Phone Numbers: (H) _____ (W) _____ (C) _____
E-mail Address: _____

In case we are unable to reach you. please give us two emergency contacts:

Emergency Contact Name: _____ Address: _____
Phone Numbers: (H) _____ (W) _____ (C) _____

Emergency Contact Name: _____ Address: _____
Phone Numbers: (H) _____ (W) _____ (C) _____