

YARDVILLE CYO INTERMEDIATE BASKETBALL

CLINIC

A COED BASKETBALL CLINIC FOR 6 & 7 YEAR OLDS

WEDNESDAY NIGHTS (7:15PM - 8:15PM)

BEGINNING NOVEMBER 2022

The basketball clinic will be held in the Yardville CYO GYM!

Spaces are limited!

AGE REQUIREMENTS:

MUST BE BETWEEN THE AGES OF 6 - 7 BY

JANUARY 15, 2023 (the start of our basketball season)

REGISTRATION FEE:

\$40.00

*The basics of basketball will be the focus of the clinic. Drills will include some of the following: passing, dribbling, shooting, rebounding and defense as well as teaching the basic rules of basketball.

*Clinic Dates: Wed 11/16, Wed 11/30 Wed 12/7 & Wed 12/14

*Clinic Times: 7:15pm - 8:15pm

*The final clinic will include a basketball scrimmage for our players.



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 Aftn: Dan Bossio

453 Yardville Allentown Road

Yardville, NJ 08620

Child's Na	me:		Birth Date:		
Parent's N	ame:				
Address:					
Contact #:	£ 				
**Email:					
Pay By :	Check	Cash	Credit Card (\$40.00 registration fee)		
Credit Card #:		v		Ехр	
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I give permission for my child	to participate	e in CYO Athletics.
Parent's or Guardian's Signature		
no reason to restrict my child's ac	nysical condition is satisfactory for participating tivity and give permission in CYO Athletics. give permission to the physician selected by the for, and injection of anesthesia or surgery for the same of the physician selected by the for, and injection of anesthesia or surgery for the same of the same o	In the event that I cannot be the CYO of Mercer County to
Parent or Guardian's Signature		
recognized that there are certain responsibility for any expensed in waive and relinquish; (B) fully recYO and the Diocese of Trenton damage or loss which may accrue	condition is satisfactory for participating in the sks of physical injury in any athletic program curred as a result in my child's participation i ease and discharge; and (C) indemnify and he and their officers, agents and employees from to me on account of my child's participation	a and I hereby assume full in CYO Athletics. I agree to: (A) old harmless the Mercer County any and all claims from injuries, in CYO Athletics.
Parent or Guardian's Signature		
Photo/Video Release		
I give /do not give the promotional or other legitimate re	CYO permission to use any photographs or vason, including in newspapers, brochures, we	video footage of my child for any ebsite, facebook, etc
Signature	Date	
PAREM	T / EMERGENCY CONTACT INFORM	ATION
Mother / Guardian's Name: Phone Numbers: (H) E-mail Address:	Address: (C)	
Father / Guardian's Name: Phone Numbers: (H) E-mail Address:	Address: (C)	
In case we are unable to reach you, p	please give us two emergency contacts:	
Emergency Contact Name:Phone Numbers: (H)	Address:(C)	
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YARDVILLE CYO INTERMEDIATE LEVEL BASKETBALL LEAGUE

A COED BASKETBALL LEAGUE FOR 6 & 7 YEAR OLDS STARTING JANUARY 15, 2023

Games and practices will be held Saturday & Sunday Afternoons in the Yardville C40 Monsignor Toomey Annex!

NO MEMBERSHIP **FEES OR FUNDRAISING** RESPONSIBILITIES

AGE REQUIREMENTS:

MUST BE BETWEEN THE AGES OF 6 -7 BY

JANUARY 15, 2023

* 7 WEEK SEASON

REGISTRATION FEE:

\$95.00

WEEK 1 - INTRO TO LEAGUE /

VOLUNTEER COACHES NEEDED

PRACTICE

SPONSORSHIP OPPORTUNITIES ALSO AVAILABLE



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

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Child's Name	: ,				Birt	h Date:
Parent's Nam	e: .					
Address:						
Contact #:						
Email:						
Pay By:	Check	Cash	Credit Card	(\$95.00	registration fee)	
Credit Card #	: .				Exp	
Interest in he	ina a '	Volunteer Coach?	Y/N	or	A Team Parent?	Y/N

I give permission for my child		to participate in	CYO Athletics.
I give permission for my time		•	
Parent's or Guardian's Signature			
Medical Authorization I certify that my child's current pheno reason to restrict my child's accreached in an emergency, I herby hospitalize, secure proper treatme	ctivity and give permis	ssion in CYO Athletics. In the ophysician selected by the O	the event that I cannot be CYO of Mercer County to
Parent or Guardian's Signature			
Acknowledgement of Risk/Waix I certify that my child's physical or recognized that there are certain responsibility for any expensed in waive and relinquish; (B) fully release of Trenton damage or loss which may accrue	condition is satisfactor isks of physical injury acurred as a result in n lease and discharge; a and their officers, age to me on account of the conditions of the conditions and the conditions of the conditions	in any athletic program and ny child's participation in C nd (C) indemnify and hold l ents and employees from any my child's participation in C	d I hereby assume full YO Athletics. I agree to: (A) harmless the Mercer County y and all claims from injuries, CYO Athletics.
Parent or Guardian's Signature			
Photo/Video Release			
I give/do not give the promotional or other legitimate re	c CYO permission to veason, including in nev	use any photographs or vide wspapers, brochures, websit	o footage of my child for any te, facebook, etc
Signature		Date	
PAREM	NT / EMERGENCY	CONTACT INFORMATI	ION
North and Countries 's Norman	Δ,	ldress:	
Mother / Guardian's Name: Phone Numbers: (H)	(W)	(C)	
E-mail Address:	V sales		
Father / Guardian's Name:Phone Numbers: (H)	Ad	dress:	
Phone Numbers: (H)	(W)	(C)	
E-mail Address:			
In case we are unable to reach you, p	please give us two emer	gency contacts:	
Emergency Contact Name:	A d	ldress:	
Emergency Contact Name: Phone Numbers: (H)	(W)	(C)	
Emergency Contact Name:	Ac	ldress:	
Emergency Contact Name: Phone Numbers: (H)	(W)	(C)	



YARDVILLE CYO PEE WEE BASKETBALL CLINIC

A COED BASKETBALL CLINIC FOR 4 & 5 YEAR OLDS WEDNESDAY NIGHTS BEGINNING IN NOVEMBER

The basketball clinic will be held in the Yardville CYO GYM!
Spaces are EXTREMELY limited!

AGE REQUIREMENTS:

MUST BE BETWEEN THE AGES OF 4 - 5 BY

JANUARY 14, 2023

REGISTRATION FEE:

\$40.00

*The basics of basketball will be the focus of the clinic. Drills will include some of the following: passing, dribbling, shooting, rebounding and defense as well as teaching the basic rules of basketball.

*Clinic Dates: Wed 11/16, Wed 11/30, Wed 12/7 & Wed 12/14

*Clinic Times: 6:00pm - 7:00pm

*The final clinic will include a basketball scrimmage for our players.



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

Child's Name:		Birth Date:	
Parent's Name:			
Address:			
Contact #:			
"Email:			
Pay By : Check	Cash	Credit Card (\$30.00 registration fee)	
Credit Card #:	20-	Ехр	

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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 p no reason to restrict my child's ac reached in an emergency, I herby hospitalize, secure proper treatme	ctivity and give p	ermission in to the physic	CYO Athletics. I ian selected by th	In the event that I cannot be ne CYO of Mercer County to
Parent or Guardian's Signature				
Acknowledgement of Risk/Wai I certify that my child's physical recognized that there are certain responsibility for any expensed in waive and relinquish; (B) fully re CYO and the Diocese of Trenton damage or loss which may accrue Parent or Guardian's Signature Photo/Video Release I give/do not give the promotional or other legitimate re	condition is satistical risks of physical neurred as a result lease and dischat and their officer to me on account	efactory for painjury in any injury in any interest in my child rge; and (C) in s, agents and not of my child and on to use any into use any into use any interest in any interest.	athletic program and sparticipation in and modern and hole employees from a l's participation in the program and hole employees from a l's participation in the program and th	and I hereby assume full a CYO Athletics. I agree to: (A) Id harmless the Mercer County any and all claims from injuries, an CYO Athletics.
Signature			_	
			ACT INFORMA	TION
-		51		
Mother / Guardian's Name: Phone Numbers: (H) E-mail Address:	(W)	Address:	_(C)	
Father / Guardian's Name:Phone Numbers: (H)E-mail Address:	(W)	_ Address:	(C)	
In case we are unable to reach you,	please give us two	emergency co	ntacts:	
Emergency Contact Name:Phone Numbers: (H)	(W)	Address:	(C)	
Emergency Contact Name: Phone Numbers: (H)	(W)	Address:	(C)	



YARDVILLE CYO PEE WEE

BASKETBALL LEAGUE

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NO MEMBERSHIP **FEES OR** FUNDRAISING

RESPONSIBILITIES!

AGE REQUIREMENTS:

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JANUARY 14, 2023

* 7 WEEK SEASON

REGISTRATION FEE:

\$95.00

WEEK 1 - INTRO TO LEAGUE /

VOLUNTEER COACHES NEEDED

PRACTICE

SPONSORSHIP OPPORTUNITIES ALSO AVAILABLE

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:	2	
Parent's Name:					
Address:					
Contact #:					
Email:				9	
Pay By: Check	Cash	Credit C	ard (\$95.00 registration fee)		
Credit Card #:			Exp		
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Permission to Participa	te.
I give permission for my	child to participate in CYO Athletics.
	to participate in CYO Athletics
Parent's or Guardian's S	gnature
Medical Authorization I certify that my child's cono reason to restrict my concerned in an emergency, hospitalize, secure proper Parent or Guardian's Sign Acknowledgement of Ris I certify that my child's phorecognized that there are corresponsibility for any experiment waive and relinquish; (B) for CYO and the Diocese of Tradamage or loss which may	urrent physical condition is satisfactory for participating in CYO Athletics. I know of hild's activity and give permission in CYO Athletics. In the event that I cannot be I herby give permission to the physician selected by the CYO of Mercer County to treatment for, and injection of anesthesia or surgery for my child named above.
or Guardian's Signal	ure
Photo/Video Release	
	_ the CYO permission to use any photographs or video footage of my child for any ate reason, including in newspapers, brochures, website, facebook, etc
	Date
IA	RENT / EMERGENCY CONTACT INFORMATION
Mother / Guardian's Name:	A dalana
Phone Numbers: (H)	(W)(C)
Father / Guardian's Name:	
Phone Numbers: (H)	Address:
E-mail Address:	Address:(C)
	u, please give us two emergency contacts:
Emergency Contact N	gency contacts.
Phone Numbers: (H)	Address:
(11)	Address:(C)
Emergency Contact Name:	A 11
Phone Numbers: (H)	(W) Address:
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