



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 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 (\$40.00 registration fee)

Credit Card #: _____ Exp. _____

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) _____



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 CYO Monsignor Toomey Annex!*



**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 / PRACTICE

- * VOLUNTEER COACHES NEEDED
- * 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: _____
 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

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Parent or Guardian's Signature _____

Acknowledgement of Risk/Waiver and Release

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Parent or Guardian's Signature _____

Photo/Video Release

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Signature _____ Date _____

PARENT / EMERGENCY CONTACT INFORMATION

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Phone Numbers: (H) _____ (W) _____ (C) _____
E-mail Address: _____

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

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Emergency Contact Name: _____ Address: _____
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 :

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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 #: _____ Exp. _____

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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

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Parent or Guardian's Signature _____

Acknowledgement of Risk/Waiver and Release

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Parent or Guardian's Signature _____

Photo/Video Release

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Signature _____ Date _____

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YARDVILLE CYO PEE WEE BASKETBALL LEAGUE

A COED BASKETBALL LEAGUE FOR 4 & 5 YEAR OLDS

STARTING JANUARY 14, 2023

*Games and practices will be held
Saturday mornings / afternoons in the
Yardville CYO Monsignor Toomey Annex*

**NO MEMBERSHIP
FEES OR
FUNDRAISING
RESPONSIBILITIES!**



**AGE REQUIREMENTS: MUST BE BETWEEN THE AGES OF 4 AND 5 BY
JANUARY 14, 2023** *** 7 WEEK SEASON**

REGISTRATION FEE: \$95.00 **WEEK 1 - INTRO TO LEAGUE /
PRACTICE**

- * **VOLUNTEER COACHES NEEDED**
- * **SPONSORSHIP OPPORTUNITIES ALSO AVAILABLE**

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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 over>>

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