**2023– 2024 CYP Basketball**

**INSTRUCTIONAL BASKETBALL PROGRAM**

The CYP Panther Instructional Basketball program will formally begin on November 4, 2023. The instructional program is entering its 33rd season and is designed for those boys and girls interested in learning how to play basketball. The program runs until the February break. The program focuses on teaching fundamentals. Each session is structured to provide both instruction and small sided drills/games. All players receive a CYP T-shirt and a basketball.

The weekly times and locations for the respective instructional programs are scheduled as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender** | **Grade** | **Monday** | **Tuesday** | **Friday** | **Saturday** |
| Girls | 1-2-3 |   | 5:30 - 6:30 PMHoop Strength |   | 10:15-11:15 AMPark Road Sch |
| Boys | K/1 | 5:30 - 6:30 PMHoop Strength |   |   | 11:15-12:15 PMPark Road Sch |
| Boys | 1/2 |   | 6:30 - 7:30 PMHoop Strength |   | 9:15-10:15 AMPark Road Sch |
| Boys | 2 | 6:30 - 7:30 PMHoop Strength |   |   | 8:15-9:15 AMPark Road Sch |

Hoop Strength - located at 1225 Jefferson road – behind Bryant and Stratton

Instruction for each session to be provided by Hoops Strength coach. **VOLUNTEERS ARE NEEDED AT EACH SESSION** to assist at the multiple baskets utilized.

Due to the popularity of the program, registration is limited. Bring your completed registration form and payment (check for $175 made payable to **CYP Basketball)** in an envelope. **Registration locations and times** as follows:

**Saturday October 28, 2023 – Barker Road Small Gym from 11:30 AM – 1:00 PM**

**Monday October 30, 2023 – Barker Road Small Gym from 6:00 PM – 7:30 PM**

**MUST complete registration form located on web site under tab “Instructional Sign up”. This is used to cross check for expected forms.**

**WE DO NEED PARENT ASSISTANCE FOR THE PROGRAM, SO PLEASE ASSIST AT THE LOCATIONS.**

Players may be moved to different sessions based on number of players registered. Requests can be made, but not all will be accommodated.

Registration is on a first completed, received basis. No players can play without being registered. For further information, contact: Don D’Amico 385-8611 E-Mail-damicolegion@aol.com

**2023-24 CYP Instructional Basketball Registration/Insurance Form**

Check No.

*Checks payable to: CYP Basketball (Separate checks for each player, please.)* ***$175***

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Participant Name:

 Address: City: Zip:

 Grade: \_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Names (Full): \_\_\_\_\_\_\_

 Phone (1): \_\_\_\_\_\_\_ \_\_\_ Phone (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-Mail 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-Mail 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring organization: Pittsford Youth CYP Basketball Inc. ("CYP")

**Release Statement:** My signature below confirms that I give permission for my child to participate in this series of CYP Instructional sessions and other activities. I hereby release CYP, Hoop Strength, and respective coaches, assistant coaches, directors, board members, and Pittsford Central School District from any responsibility or liability in connection with CYP activities. This release shall be binding upon any legal representative of the undersigned now and in the future. Further, the undersigned agrees to indemnify and hold harmless CYP basketball program, Hoop Strength, the coaches, assistants, directors, board members, and Pittsford Central School District for any judgment for damages against any of them in any action by the participant or legal representative as well as for their costs and expenses in defending such action, including reasonable attorney fees.

I give permission to a licensed physician or other hospital staff member to carry out emergency care deemed necessary to myself/child/ward when normal permission is unavailable. I certify that my child is in good physical health and has no limitations other than those I have listed above which may predispose him/her to risk during the program. I also fully realize that I must provide proper insurance coverage. CYP is not responsible for lost or theft of personal or team articles.

**Parent / legal guardian Signature \_\_\_**  **Date:** \_\_\_\_\_\_\_

 I, \_\_\_\_\_\_\_\_\_\_\_\_, am interested in assisting in the program