



SUMMER YOUTH BOYS BASKETBALL LEAGUE

REGISTRATION

Begins Monday, April 29, during regular business hours at the Cleveland Heights Community Center, Monticello Boulevard and Mayfield Road.

Late registrations will be accepted after June 3 on a space-available basis. Registration limits will be in effect for each age level. Please register early.

BOYS GRADES K-12

FEES

(Scholarships available for Cleveland Heights residents)

\$50 Cleveland Heights Recreation ID holders

\$70 All others

T-shirts provided to all players

Dave Johnson and a trained staff of basketball coaches and instructors

Open to Cleveland Heights residents and those who reside in the Cleveland Heights - University Heights School District, and neighboring communities

BOYS: June 10 - July 19, 2019

SCHEDULE

Eligibility determined by grade levels for the '19-'20 school year.

LEAGUE PLAY

JUNE 10 - JULY 19

Grades K-1 Boys	M & W	9:00 am-11:30 am	Community Center
Grades 2 & 3 Boys	M & W	9:00 am-11:30 am	Community Center
Grades 4 & 5 Boys	T & TH	9:00 am-11:30 am	Community Center
Grades 6-8 Boys	M & W	12:00-2:30 pm	Community Center
Grades 9-12 Boys	T & TH	12:00-2:30 pm	Community Center

No extra charge for Camp Registrants

**One-Week Boys Developmental Summer Youth Basketball Camp:
June 3-7, Monday-Friday 9:00 am-4:00 pm**

**For more information,
call 216-691-7373**



CLEVELAND HEIGHTS
Parks and Recreation



CITY OF CLEVELAND HEIGHTS PARKS & RECREATION

2019 SUMMER YOUTH BASKETBALL LEAGUE REGISTRATION FORM

Player's Name (Print): _____
(First) (M) (Last)

Address: _____ City _____ Zip: _____

Phone Number: () _____ Cell Phone: () _____ Email: _____

Current School: _____ Current Grade: _____ Date of Birth: _____

Height: _____

Grade Level (check only one) (Includes any child that turns age 5 by May 1, 2019)

Boys Grades K -1

Boys Grades 2 -3

Boys Grades 4-5

Boys Grades 6-8

Boys Grades 9-12

Fees: (Payable to City of Cleveland Heights)

\$50.00 Cleveland Heights Recreation I.D. Holders

\$70.00 All Others

Release of Liability/Medical Treatment Consent

In consideration of the City of Cleveland Heights ("City") providing sponsorship and facilities for this program, I hereby release and hold harmless and agree to indemnify the City and it's employees, agents, and representatives from any and all claims, cost, damages and liabilities for injuries or property damage sustained or caused by me or my child or ward while participating in any program offered by the City. I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward is, physically capable of participating in the program based upon consultation with my, or my child's or ward's personal physician.

Further, in the event of any injury, I hereby give my permission and consent and authorize emergency first aid and/or hospital care or treatment for my child/ward if deemed necessary by qualified medical or emergency personnel or by said employees, officers, agents or representatives of the City and its Department of Parks and Recreation, and further agree to assume all expenses for said treatment.

Signature of Participant or Minor's Parent / Legal Guardian _____

Date _____



CITY OF CLEVELAND HEIGHTS PARKS & RECREATION YOUTH RECREATION PROGRAMS

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, _____, as the parent or legal guardian of
Name of Parent/Legal Guardian

_____, hereby give my permission for any
Name of Child

and all emergency treatment deemed necessary by medical or city personnel for the above-referenced minor,

_____, as a result of any injuries occurring
Name of Child

during participation in Youth Summer Basketball and I agree to be financially responsible any such treatment.

I also consent that the reports of any treatment so rendered be forwarded to the primary care physician, whose name and address are listed below.

This consent shall endure from June 1, 2019 until August 6, 2019
Date Date

Signature of Parent or Legal Guardian

PLEASE FILL IN THIS BRIEF HISTORY ON YOUR SON OR DAUGHTER TO AID ANY PHYSICIAN WHO MIGHT TREAT HIM/HER.

PARENT/LEGAL GUARDIAN'S NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE NUMBER (H): _____ (W)/(C): _____

CHILD'S PHYSICIAN'S NAME: _____ PHONE: _____

ADDRESS: _____

AFFILIATED HOSPITAL (IF ANY): _____

ALLERGIES: _____

CHRONIC ILLNESSES: _____

INSURANCE COMPANY: _____



PARENTS' CODE OF ETHICS



- ◆ I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this *PAYS* Parents' Code of Ethics Pledge.
- ◆ I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- ◆ I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- ◆ I will insist that my child play in a safe and healthy environment.
- ◆ I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- ◆ I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- ◆ I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- ◆ I will remember that the game is for youth-not for adults.
- ◆ I will do my very best to make youth sports fun for my child.
- ◆ I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching, or providing transportation.
- ◆ I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- ◆ I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

Parent Signature

Parent Signature

Date