



2019-2020 COMSTOCK PARK BOYS YOUTH BASKETBALL (Grades 1st-6th)

PROGRAM REGISTRATION

Mail in by below dates OR

****There will be ONE IN-PERSON REGISTRATION AVAILABLE SUNDAY NOV. 24 FROM 3-5PM AT THE HIGH SCHOOL IN THE GYM. YOU MAY BRING REGISTRATION FORM AND PAYMENT THEN****

NON REFUNDABLE FEE

1st- 4th Grade: Post Mark **ON or BEFORE:** 11/27/19 - \$45.00 (Includes a reversible jersey), Post Mark **AFTER:** 11/27/19 - \$60.00
5th- 6th Grade: Post Mark **ON or BEFORE:** 11/27/19- \$45.00 (**DOES NOT INCLUDE JERSEY**), Post Mark **AFTER:** 11/27/19 - \$60.00

**If you need to purchase a reversible jersey for 5th/6th grade please add \$15.00 (TOTAL WOULD BE \$60.00)
1st thru 4th grade players will receive a reversible jersey as part of their registration fee. It will be the same jersey as last year

FAMILY FEE

1st Child = Full, 2nd Child = Full, 3rd Child = \$10 Off

METHODS OF PAYMENT

Check and/or money order payable to **COMSTOCK PARK BOYS BASKETBALL**

DEADLINES— PLEASE ADHERE TO THESE DATES!!!!

Registration deadline is Wednesday, November 27, 2019. In order to continue to provide a quality program, please follow the registration guidelines and dates. Teams, schedules and equipment need to be generated in November, late registrations cause: 1. Teams to be larger than necessary—limits amount of playing time, 2. Re-ordering of equipment and t-shirts at a higher price and 3. Complicates the logistics of assigning coaches/supervision and practice space. Your cooperation is appreciated!

REFUND POLICY

Full refunds will only be given if a program is cancelled due to insufficient enrollment or due to participant illness or injury, or moving out of the area.

NO REMINDERS

No reminder call and or cards will be sent out. The Head Coach will contact participants in regards to practice times.

DATES (tentative)

Start Date(s): Practices: Week of December 09, 2019
Games: January 11, 2020 (1st-4th will play games 1/11 thru 2/8)

VOLUNTEERS

Volunteers are always appreciated for their willingness to be involved with various programs. If you are interested in volunteering please indicate on the registration form. Volunteers will be subject to background checks at no cost to Comstock Park Public Schools.

Participant's Name: _____ Address: _____ Age: _____

Grade: _____ Parent's Name: _____ Home Phone: _____

Email: _____ Session (Circle One): 1st -- 4th 5th-6th

Jersey Sizes if needed (Additional \$15 for 5th and 6th): YM YL AS AM AL AXL AXXL

Are you willing to be a volunteer coach?? **WE NEED PEOPLE TO HELP!!!!** YES NO

I hereby declare my son/daughter to be in good physical health and permit him/her to participate in the Comstock Park Basketball Program. I assume all risk of accident and or injury to my child while participating in this program. I authorize the camp staff to obtain for my child whatever medical treatment the staff deems necessary. I assume all financial responsibilities for any medical expenses or other charges in connection with attendance at this camp/program.

PARENT SIGNATURE: _____ DATE: _____

**Mail To:
Comstock Park Youth Basketball
Attn: Athletic Department
150 Six Mile Road
Comstock Park, MI 49321**

DEADLINE: 11/27/2019

Participant's Name: _____ Address: _____ Age: _____

Grade: _____ Parent's Name: _____ Home Phone: _____

Email: _____ Session: 1/2/3/4 Boys Basketball 5/6 Boys Basketball League

Jersey Size (Additional \$15): YM YL AS AM AL AXL AXXL

Volunteer: YES NO

I hereby declare my son/daughter to be in good physical health and permit him/her to participate in the Comstock Park Basketball Program. I assume all risk of accident and or injury to my child while participating in this program. I authorize the camp staff to obtain for my child whatever medical treatment the staff deems necessary. I assume all financial responsibilities for any medical expenses or other charges in connection with attendance at this camp/program.

PARENT SIGNATURE: _____ DATE: _____

**Mail To:
Comstock Park Youth Basketball**