



L.H.Y.A. Basketball

Open League Registration Form

The Licking Heights Youth Association is pleased to announce the addition of Youth Basketball for the 2009/2010 season! Girls and Boys currently in grades 3rd – 6th are invited to participate. For additional information please visit our website at www.lhya-sports.org .

Player Information

Please print for all fields. This information will be shared with the coaching staff and be used for contact.

Child's Name:	Years of experience:	Sex:
Grade Currently Enrolled:	Date of Birth:	Age:
Medical Conditions / Special Needs:		
Please indicate child's shirt size: (Circle size)		
Youth Size : M L Adult Size: S M X XL		

2009/2010 LHYA Registration Fees

**Registration deadline, November 1st, 2009. Return completed forms and check (payable to LHYA) to:
LHYA, PO Box 1, Summit Station, Ohio 43073
before the deadline expires.**

3 rd and 4 th grade Girls	\$50	\$
3 rd and 4 th grade Boys	\$50	\$
5 th and 6 th grade Girls	\$50	\$
5 TH and 6 th grade Boys	\$50	\$
Late fee charge is \$10.00 per family for registering after deadline. Late fee deadline is November 1 st , 2009	\$10	\$
Available discounts: Reduce fee by \$5 if player has a sibling in the league. Player name: _____ Sibling(s) Name: _____ Div. _____		-\$
Total amount enclosed (checks should be made payable to Licking Heights Youth Association)		\$

Your registration fee includes your membership to the L.H.Y.A.. Membership entitles you to voting privileges at all meetings. League meetings are the 1st Sunday of each month, at the Leads Center @ 7:00pm and are mandatory for all coaches.

Parent / Guardian Volunteers

The league always welcomes your help any way possible. Please check the ways you wish to volunteer.

Head Coach (Subject to availability) S M X XL 2XL 3XL	Basketball Official 3 rd and 4 th Boys/ Girls
Assistant Coach, circle shirt size S M X XL 2XL 3XL	Basketball Official 5 th and 6 th Boys/ Girls
Volunteer Name:	Phone Number:
Volunteer Name:	Phone Number:

Parent / Guardian Information

Parent / Guardian Name(s):		Email Address:	
Mailing Address:		City/State/Zip:	
Home Phone: () () ()	Work Phone 1: () () ()	Cell Phone 1: () () ()	
	Work Phone 2: () () ()	Cell Phone 2: () () ()	
Emergency Contact Name:		Emergency Contact Phone:	

Evaluation/ Open Gym Dates

Open gym and evaluations will be held Mid October (registration forms will be available at open gym's) with team practices starting in early November. We will be Practicing twice a week, playing one game a week either home or away. 10 game season with end of the season tournament. Tournaments (end of season and 3 vs 3) to be announced. Regular season games starting in early January through March.

(We are working closely with Licking Heights Schools for use of their gym's. These dates are subject to change.)

Home games will be played at Licking Heights and Away games will be played at Johnstown, Northridge, and Granville. Open gyms and practices will begin in mid to late November with the game season running January – March. Registration forms will be accepted on a first come, first serve basis. Children will be placed on a waiting list or will be the last to be drafted if their registration form is received after the deadline. Please complete a registration form for each player (all divisions) and mail completed form to the address above. Your child's coach will contact you about practice and game schedules once the teams have been chosen. The league will provide participants with their game shirt. You will need to provide the appropriate shorts and athletic footwear. Applications for coaches, assistant coaches, and officials will be reviewed on a first come first serve basis. Teams will be drafted and parents notified no later than December 1st, 2009.

Please read the following statements before signing!!!

I, the undersigned, certify that the above mentioned applicant is mentally and physically fit to participate in the LHYA program and that his/her date of birth as entered above is correct. I understand that I am responsible for any injury sustained by the applicant while participating in the program. I, therefore, agree not to hold the League or any of its officers, coaches, officials or other representatives personally responsible, either individually or jointly, for any such injury, and I hereby waive any claims for such injury.

I, the undersigned, understand that LHYA and its officers will not tolerate unsportsmanlike conduct of any kind by players, coaches, and spectators. Any one that is not following these rules shall be asked to leave the premises, and if you choose not to leave, their team may be subjected to forfeit the game with their child being removed from the league with no refund. By signing this registration, I understand that I am responsible for all family members and spectators attending games and that my child playing, my immediate family, and I agree to abide by the code of conduct attached to this registration.

Parent / Guardian Name (Please Print): _____

Parent / Guardian Signature: _____ **Date:** _____

Photo Release

The LHYA will be posting various photos of games, players, and activities throughout the basketball season on our website. Please indicate below if you give consent for the LHYA to use your child's image.

I give permission for my child _____ **photo to be used @ www.lhya-sports.org.**

Signed: _____ **Date:** _____

I do not give permission for my child _____ **photo to be used at www.lhya-sports.org.**

Signed: _____ **Date:** _____

The LHYA is a non-profit, charitable and voluntary organization with no coaches, commissioners, board members, or directors compensated in any way.