

1<sup>st</sup> \* 2<sup>nd</sup> \* 3<sup>rd</sup> \* 4<sup>th</sup> Grade

# KNEE HIGH BASKETBALL

**Who:** Boys & Girls in 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> Grade

**What:** An instructional program that focuses on fundamentals and skill development in the game of basketball.

**Where:** At the Cortland YMCA (22 Tompkins St.)

**When:** Saturday Mornings (6 weeks)

- 1/30, 2/6, 2/20, 2/27, 3/6, 3/13 \*No session 2/13\*
- 8:15- 9:15 1st & 2nd Graders
- 9:30-10:30 3rd & 4th Graders

**Cost:** \$35 includes a t-shirt (Checks payable to: Cortland YMCA)

**Why:** A fun program that kids will enjoy and remember forever

(Because of limited space, only participants and coaches will be allowed in the gymnasium.)



*Limited Space...  
Register Today!*

*Register at  
Either*



Cortland Youth Bureau  
35 Port Watson Street  
Cortland, NY 13045  
(607) 753-3021

*or*



Cortland YMCA  
22 Tompkins Street  
Cortland, NY 13045  
(607) 756-2893



## ***Knee-High Basketball Registration Form***

*Complete the information sheet below and return it with payment to the YMCA by January 22, 2010.*



Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

T-shirt Size: YS YM YL AS AM Will a parent volunteer to help coach? Yes or No

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration of accepting this entry, I the undersigned intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Cortland YMCA and other sponsors of this event, their representatives and successors for any and all injuries suffered by me in this event. I attest and verify that I am physically fit and have trained sufficiently for this event and a licensed medical doctor has verified my physical condition. Further, I hereby grant full permission to any and all of the forgoing to use any photographs, videotapes, motion pictures, recording or any other record of this event for any purpose.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_