



# Spurs Youth Basketball Sports League 2022

League age cut-off: **13**

**Important Dates**

**First Practice:** Week of Jan 3rd **First Game:** Jan 15

**Last Game:** March 12

- There will be 9 games total.
- Age divisions may be combined due to low participation
- All practices will be held at the CRRC Rec Center

**REQUESTS**

It takes a big heart to help shape little minds. Parents like you make up the majority of our Volunteer Coaches - consider volunteering to be a Youth Sports Coach, email [recreation@crrcofcanyonlake.org](mailto:recreation@crrcofcanyonlake.org) to get started today!

**Basketball (Co-ed)**

- 5 - 6 yrs
- 7 - 8 yrs
- 9 - 10 yrs
- 11 - 12 yrs

General Reg.	Late Reg.	Amount Paid
Nov 5th - Dec 30th	Jan 1st - Jan 14th	
<b>Basketball</b>		
Ages (5-6) <b>\$60</b> Ages (7-8) <b>\$70</b> Ages (9-10) <b>\$80</b> Ages (11-12) <b>\$80</b>	Ages (5-6) <b>\$75</b> Ages (7-8) <b>\$85</b> Ages (9-10) <b>\$95</b> Ages (11-12) <b>\$95</b>	\$



**General Reg.** - All Coach and Player requests must be turned in by **Dec 30th. 30, 2022. Requests are not guaranteed.** **Late Reg.** - Coaches and player requests will be taken but are not guaranteed.

**Waitlist Period** - Online only, subject to availability. No request will be taken.

Coach Request \_\_\_\_\_ Teammate Request \_\_\_\_\_

**Practice Requests**

Please circle 3 - 5 days you are available for practice: MON TUES WED THURS FRI

# REGISTRATION

My child is a : Returning Player/New Player Player DOB: / / Age on 1/15/21

Player Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_

What school does the player attend?: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ DOB: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Ph: \_\_\_\_\_

I would like to volunteer as a Coach/Assistant Coach.  I would like to volunteer as Team Mom.

Parent/Guardian 2: \_\_\_\_\_ DOB: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Ph: \_\_\_\_\_

I would like to volunteer as a Coach/Assistant Coach.  I would like to volunteer as Team Mom.

## How did you hear about us?

Friend  E-mail  Direct Mailer  Flyer  Social Media  Other:



## Program info will be shared through emails from CRRC Staff

I acknowledge that the email provided below is correct.

Email: \_\_\_\_\_

## WAIVER

I will be responsible for my child's medical costs due to an accident or illness. I will not hold the CRRC of Canyon Lake and its directors, employees, volunteers, and other agents responsible for incidents that may arise from participation in these programs, realizing that there are risks in these activities. I give Permission for photographs to be made of my child(ren) to be used solely for publicity and training purposes by the CRRC. **I understand that all refund/credit requests must be made in writing and will only be considered before the first game.**

Parent's Signature Date

Date