

# Central Nassau Athletic Association 2018/2019 Basketball Registration Form

(this activity is not financed or endorsed by the East Meadow School District)

Game Dates & Clinic Schedules will be posted to the website once we have the final gym availability schedules. Tentative schedule of Nights for Each Division is available now on our website: WWW.CENTRALNASSAUAA.COM

## General Data:

Parent/Guardian Name(s) \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_  
Address \_\_\_\_\_ Tel \_\_\_\_\_ Cell \_\_\_\_\_  
Number of Children Registering \_\_\_\_\_

**Player Data:** Complete a profile for each player being registered, be sure to indicate the **first and last** name of each player.

Name: _____ Birthdate: _____ / _____ / _____ School/Grade _____ / _____ Boy _____ Girl _____	Name: _____ Birthdate: _____ / _____ / _____ School/Grade _____ / _____ Boy _____ Girl _____
Name: _____ Birthdate: _____ / _____ / _____ School/Grade _____ / _____ Boy _____ Girl _____	Name: _____ Birthdate: _____ / _____ / _____ School/Grade _____ / _____ Boy _____ Girl _____

## Basketball Divisions:

Divisions are based upon child's current school grade. We have divisions for players currently in first grade through eighth grade for both Boys and Girls. Some grades may be combined based on the number of players registered. The MEADOWBROOK & BOWLING GREEN GYMS are used for all games. Game times are generally 6:30 and 7:30.

## HOW TO REGISTER

Registration Form and payment are required for registration.

※ **ONLINE** at [WWW.CENTRALNASSAUAA.COM](http://WWW.CENTRALNASSAUAA.COM)

**By October 19<sup>th</sup>**

### ※ In Person

Thursday, September 13<sup>th</sup> – Outside Bowling Green EAST Gym 6:30 - 8:00 pm

Thursday, September 13<sup>th</sup> – Outside Meadowbrook Gym 6:30 - 8:00 pm

※ **By Mail—by Oct. 18<sup>th</sup>** Central Nassau PO Box 581 Westbury, NY 11590 (with **signed** form)

## REGISTRATION FEES

- 1 child \$90
- Each Additional child \$65

## VOLUNTEERS

- Division Director** Name: \_\_\_\_\_ Division: \_\_\_\_\_
- Head Coach** Name: \_\_\_\_\_ Division: \_\_\_\_\_
- Assistant Coach** Name: \_\_\_\_\_ Division: \_\_\_\_\_

## Permission Statement:

I give permission for my child to participate in the CNAA Basketball program for the 2018-2019 season. I understand that participation may result in serious injuries and protective equipment does not prevent all injuries to players. I waive, release, absolve, indemnify and agree to hold harmless CNAA, it's organizers, sponsors, supervisors and person transporting my child/children to and from activities for any claims arising out of any injuries to my child, for any cause except to the extent and in the amount covered by accident or liability insurance. I agree to return, upon request, any equipment in the same condition as when received except for normal wear. If I cannot return these items, I agree to pay the cost of replacing these items.

Signature(Parent/Guardian): \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_ Date \_\_\_\_\_

Form of Payment: Cash ( ) Check ( ) Check# \_\_\_\_\_ Amount: \_\_\_\_\_ Received by: \_\_\_\_\_