

# CARY PARKS, RECREATION & CULTURAL RESOURCES 2019 FALL YOUTH BASKETBALL REGISTRATION (AGE 5-8)



## **July 15-28 (EZ Reg Web, Walk in and Mail in)**

Do not mail prior to Jul 12

- All Cary residents
- Non-Cary residents returning to the same league (**mail in only**)

## **July 29-Aug 4 (EZ Reg Web and \*Walk In)**

- All Cary Residents
- All Non-Residents

**\*Note: There will be no walk-in registration available on Sundays.**

## **REGISTRATION METHODS**

**EZ Reg Web:** You will need your child's client code and your family pin number to use this registration method.

1. Begin at <https://classweb.townofcary.org/eConnect/>
2. Type in the appropriate league code for your child in the search box. These codes are located on the basketball registration form (pages 3-5 of this packet).
3. Click Add to put the league in your basket (the first time you do this, you will be asked to enter your Client Code or Family Account PIN).
4. Select the family member you wish to register for this league from the pull down menu. Then press the Update My Basket button. Use the Activities Tab to search for additional leagues or press the Go to Checkout button to pay.
5. Review the charges and enter payment information as required. Press the Complete Transaction button.
6. **IMPORTANT.** For your confirmation, please print the Registration Was Successful page.

**EZ Reg Mail (Do not mail prior to July 12, 2019):** The registration forms are pages 3-5 of this packet.

## **Mailing Address**

Cary Parks, Recreation & Cultural Resources  
Attn: Fall Basketball Registration  
P.O. Box 8005  
Cary, NC 27512-8005

## **EZ Reg \*Walk In**

Herbert C. Young Community Center    101 Wilkinson Avenue  
Hours of Operation:    Mon-Thu 9 a.m. – 9 p.m.    Fri-Sat 9 a.m. – 6 p.m.

Bond Park Community Center    150 Metro Park Drive  
Middle Creek Community Center    123 Middle Creek Park Avenue  
Hours of Operation:    Mon-Fri 9 a.m. – 9 p.m.    Sat 9 a.m. – 6 p.m.

**\*Note: There will be no walk-in registration available on Sundays.**

Cary Parks, Recreation and Cultural Resources Department's youth basketball program is designed to provide a fun learning and growing experience for the youth of Cary. It stresses fun, participation, skill development and sportsmanship.

## **REMINDERS**

- EVERYONE MUST REGISTER EVERY YEAR.
- Participation in the program last year does not guarantee a place in this year's program.
- In the event that leagues fill prior to the end of registration, waiting lists will be formed.

## **LEAGUES AND AGES**

All ages are determined as of October 15, 2019.

\*Co-Ed 5-6      age 5-6

Girls 7-8      age 7-8

Boys 7-8      age 7-8

\*Girls and boys participate together in the Co-Ed league.

**All 5 year olds must submit a copy of their birth certificate with registration.**

## **FEES**

Cary Resident: \$60.00

Non-Resident: \$85.00

## **REFUND/CREDIT POLICY**

A participant wanting to withdraw from a league that has not been cancelled by the Town must request to be withdrawn in writing at least seven calendar days before the league's first game. The participant will receive, at the discretion of the participant, either a 100% account credit or a refund less a 15% service fee.

## **VOLUNTEER COACHES**

Volunteer coaches work with each team under the guidelines of the Parks, Recreation & Cultural Resources Department. Our volunteer coaches are:

- Trained and certified by the National Youth Sports Coaches Association.
- Required to submit and pass a background check.

If you are interested in being a coach, please check the appropriate box on the registration form.

## **SEASON**

The entire program runs from September through November (Labor Day through Thanksgiving). In early September teams usually practice twice per week with usually one practice (Mon-Fri) and one practice on Saturday. Games begin in late-September with approximately one game (primarily on Saturdays) and one practice (Mon-Fri) per week. This is the only basketball season that will be offered for these age groups.

## **SPECIAL REQUESTS – Deadline to submit is August 12, 2019**

At times players may want to play in another age group or with another team. Those requests are reviewed by the Sports Staff and a volunteer Athletic Committee. Below are guidelines for this process.

- If justification is appropriate, requests to **play up** one age group are frequently granted. Skills review may be required. **All play up requests must include a copy of a letter/email of reference from a third party (non family member) familiar with the participant's skill/experience level, attesting to the participant's appropriateness for the older league. (Ex: former coach, camp instructor, PE teacher). Any play up request that does not contain such a reference will not be considered.**
- Requests to **play down** into a younger age group are rarely granted. A birthday near the cutoff date, lack of experience and/or size concerns usually are not reasons for consideration.
- Requests to **change teams** within a league are sometimes granted. Parents should work with staff and coaches during the season to address concerns to avoid such requests the following season.

You may request a special request form by calling (919) 653-7151 or emailing [Tracey.Hedgpeth@townofcary.org](mailto:Tracey.Hedgpeth@townofcary.org) .  
**Special Request forms should be submitted by August 12, 2019**

**Requests received after the deadline cannot be guaranteed and will be considered on a case by case basis.**

***\*Children may not participate in both the fall and winter programs.***

# CENTRAL ZONE

## 2019 Fall Youth Basketball Registration Form

### Locations

Herbert C. Young Community Center 101 Wilkinson Ave.	Reedy Creek Middle School 930 Reedy Creek Rd.
East Cary Middle School 1111 SE Maynard Rd.	Bond Park Community Center 150 Metro Park Dr.

Player's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ League Age (office use) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home#) \_\_\_\_\_ Email \_\_\_\_\_  
Subject to NC public records law

Telephone: Mother (Cell#): \_\_\_\_\_ Father (Cell#): \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Do you live within Cary city limits? Yes \_\_\_\_\_ No \_\_\_\_\_

### PLEASE MARK THE CORRECT LEAGUE (All ages determined as of October 15, 2019.)

Co-Ed 5-6 (age 5-6) – League Code: 124103

Boys 7-8 (age 7-8) – League Code: 124104

Girls 7-8 (age 7-8) – League Code: 124105

**\*ALL 5 YEAR OLDS MUST SUBMIT A COPY OF THEIR BIRTH CERTIFICATE WITH THE REGISTRATION FORM.**

AMOUNT ENCLOSED: \_\_\_\_\_ Cary Residents \$60 Non-Residents \$85

Make check payable to TOWN OF CARY

I am interested in being a head coach.  I am interested in being an assistant coach.

### WAIVER, LIABILITY, RELEASE AND ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

I understand that participation in this recreational program involves risk of injury. These risks include collision with other players, being hit by the ball, falling to the floor or into a wall, scratches, bruises, etc. I further understand that before participating in this program I should consult a physician for advice.

By signing this form I acknowledge all risks of injury and death and affirm that I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

Furthermore, in return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the Town, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

**Programs are provided for people of all abilities. If you need a reasonable modification, please circle YES and register during the league registration period or at least two weeks prior to the start date of the season. Each request will be assessed in compliance with the ADA. YES**

# SOUTH ZONE

## 2019 Fall Youth Basketball Registration Form

### Location

Middle Creek Community Center  
123 Middle Creek Park Ave.

Player's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ League Age (office use) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home#) \_\_\_\_\_ Email \_\_\_\_\_  
Subject to NC public records law

Telephone: Mother (Cell#): \_\_\_\_\_ Father (Cell#): \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Do you live within Cary city limits? Yes \_\_\_ No \_\_\_

### PLEASE MARK THE CORRECT LEAGUE (All ages determined as of October 15, 2019.)

\_\_\_ Co-Ed 5-6 (age 5-6) – League Code: 124106

\_\_\_ Boys 7-8 (age 7-8) – League Code: 124107

\_\_\_ Girls 7-8 (age 7-8) – League Code: 124108

**\*ALL 5 YEAR OLDS MUST SUBMIT A COPY OF THEIR BIRTH CERTIFICATE WITH THE REGISTRATION FORM.**

AMOUNT ENCLOSED: \_\_\_\_\_ Cary Residents \$60 Non-Residents \$85

Make check payable to TOWN OF CARY

\_\_\_ I am interested in being a head coach. \_\_\_ I am interested in being an assistant coach.

### WAIVER, LIABILITY, RELEASE AND ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

I understand that participation in this recreational program involves risk of injury. These risks include collision with other players, being hit by the ball, falling to the floor or into a wall, scratches, bruises, etc. I further understand that before participating in this program I should consult a physician for advice.

By signing this form I acknowledge all risks of injury and death and affirm that I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

Furthermore, in return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the Town, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

**Programs are provided for people of all abilities. If you need a reasonable modification, please circle YES and register during the league registration period or at least two weeks prior to the start date of the season. Each request will be assessed in compliance with the ADA. YES**

# WEST ZONE

## 2019 Fall Youth Basketball Registration Form

### Locations

Alston Ridge Middle School 120 Winding Pine Trail	Green Hope Elementary School 2700 Louis Stephens Dr.
Bond Park Community Center 150 Metro Park Dr.	

Player's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ League Age (office use) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home#) \_\_\_\_\_ Email \_\_\_\_\_  
Subject to NC public records law

Telephone: Mother (Cell#): \_\_\_\_\_ Father (Cell#) \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Do you live within Cary city limits? Yes \_\_\_ No \_\_\_

### PLEASE MARK THE CORRECT LEAGUE (All ages determined as of October 15, 2019.)

\_\_\_ Co-Ed 5-6 (age 5-6) – League Code: 124109

\_\_\_ Boys 7-8 (age 7-8) – League Code: 124110

\_\_\_ Girls 7-8 (age 7-8) – League Code: 124111

**\*ALL 5 YEAR OLDS MUST SUBMIT A COPY OF THEIR BIRTH CERTIFICATE WITH THE REGISTRATION FORM.**

AMOUNT ENCLOSED: \_\_\_\_\_ Cary Residents \$60 Non-Residents \$85

Make check payable to TOWN OF CARY

\_\_\_ I am interested in being a head coach. \_\_\_ I am interested in being an assistant coach.

### WAIVER, LIABILITY, RELEASE AND ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

I understand that participation in this recreational program involves risk of injury. These risks include collision with other players, being hit by the ball, falling to the floor or into a wall, scratches, bruises, etc. I further understand that before participating in this program I should consult a physician for advice.

By signing this form I acknowledge all risks of injury and death and affirm that I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

Furthermore, in return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the Town, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian

**Programs are provided for people of all abilities. If you need a reasonable modification, please circle YES and register during the league registration period or at least two weeks prior to the start date of the season. Each request will be assessed in compliance with the ADA. YES**