



City of Henderson

2021 YOUTH BASKETBALL LEAGUES

Program goals | Everyone plays • Positive coaching • Balanced teams • Open registration • Good sportsmanship

AGE DIVISIONS

The effective date of age determination for basketball is the player's age as of September 30, 2020. Players who are at least 5 years old as of this date are eligible to participate.

Division	Age	Eligible Birth Dates
U6	5	10-1-14 thru 9-30-15
U8	6-7	10-1-12 thru 9-30-14
U10	8-9	10-1-10 thru 9-30-12
U12	10-11	10-1-08 thru 9-30-10
U14	12-13	10-1-06 thru 9-30-08
U19	14-18	10-1-01 thru 9-30-06

ENROLLMENT

One child: \$66

Additional siblings: \$59.40

Non-residents add 15%

Players must be from the same immediate family to receive the discount. We reserve the right to request supporting documentation.

WAYS TO REGISTER

Online, mail-in, and drop-off registration:
September 28-November 12

Drop-off registration accepted at all recreation centers, the Sports Office and player ratings, space permitting

Mail your registration and payment to:
Arroyo Grande Sports Complex,
298 Arroyo Grande Blvd., Henderson, NV 89014

Or enroll online at:
cityofhenderson.com

For information:
702-267-5717
COHyouthleague@cityofhenderson.com

City of Henderson leagues are designed to guide each participant through an organized program and to develop the fundamental skills of basketball while emphasizing fun and sportsmanship.

- No scores or standings are kept in U6 and U8 divisions
- Days, times and locations of practices are at the volunteer coach's discretion
- Teams are formed according to the player rating system
- Space is limited
- All games are held on Saturdays and select weekday nights

PLAYER RATINGS

Player ratings will be held at Black Mountain Recreation Center (BMRC) at 599 Greenway Rd. and Henderson Multigenerational Center (HMGC) at 250 S. Green Valley Pkwy.

Division	November 13 BMRC	November 14 HMGC	November 16 BMRC
No ratings for U6 or U8			
U10	6pm	9:30am	6pm
U12	7pm	10:30am	7pm
U14/U19	7:30pm	11am	7:30pm

Practices begin week of November 30 | Season begins January 9 | Season ends February 13

REGISTRATION CODES

Zone 1: For youth residing within 89002, 89005, 89009, 89011, and 89015 ZIP codes

Zone 2: For youth residing within 89011, 89014, 89074, and Las Vegas ZIP codes (except 89123 & 89183)

Zone 3: For youth residing within 89012, 89044, 89052, 89053, 89123, and 89183 ZIP codes

Zone	Division	Code
1	U6 Co-Rec	631000-68
2	U6 Co-Rec	631001-68
3	U6 Co-Rec	631002-68
1	U8 Boys	631003-68
2	U8 Boys	631004-68
3	U8 Boys	631005-68
All	U8 Girls	631028-68
1	U10 Boys	631027-68
2	U10 Boys	631006-68
3	U10 Boys	631007-68
1	U10 Girls	631008-68
2	U10 Girls	631009-68
3	U10 Girls	631010-68
1	U12 Boys	631011-68
2	U12 Boys	631012-68
3	U12 Boys	631013-68

Zone	Division	Code
All	U12 Girls	631014-68
1	U14 Boys	631017-68
2	U14 Boys	631018-68
3	U14 Boys	631019-68
All	U14 Girls	631020-68
All	U19 Boys	631025-68
All	U19 Girls	631026-68
Interested coaches		631030-00

Zone	Team League	Code
All	U10 Boys	631042-68
All	U10 Girls	631043-68
All	U12 Boys	631044-68
All	U12 Girls	631045-68
All	U14 Boys	631034-68
All	U14 Girls	631.35-68
All	U19 Boys	631046-68
All	U19 Girls	631047-68



Youth Sports Registration Form

THIS FORM CAN BE COPIED • PLEASE PRINT AND FILL OUT COMPLETELY

Sports Office • 298 Arroyo Grande Blvd., Henderson, NV 89014

Parent/Guardian: First		Last			
Street Address		Apt.#	City	State	ZIP
Home Phone	Cell Phone	Emergency Phone		Email Address	
Participant #1: First		Last			
Birthdate	Age	Height		Gender	
Participant #2: First		Last			
Birthdate	Age	Height		Gender	
Participant #3: First		Last			
Birthdate	Age	Height		Gender	
All refunds are subject to a \$5 service charge.					

Parents may request placement with **ONE** other player who is registered in the same division, for **U6 and U8 divisions ONLY**.

- Multiple player requests will not be honored. • Request must be mutual (the player you request must request you).
- U10 – U19 division player requests will not be honored; teams are formed by the player ratings system in these divisions.
- Requests submitted after player rating days will not be honored. • Requests for placement with specific coaches will not be honored.

Player requests are one of many variables considered when making teams. These requests are not guaranteed. The Sports Office will make final determination on roster placement. Please confirm the player you request is enrolled in the program. Sports Office is not obligated to honor requests after player rating dates. Place your request here:

_____ requests to be with _____. Both players are registered in the **U6 U8** division.
 Your child's name Requested child's name Please circle one

Please confirm the player you request is enrolled in the program. Sports Office is not obligated to honor requests after player rating dates.

FITNESS & SPORTS ACTIVITY WAIVER OF LIABILITY AND DISCLAIMER

Please read this carefully and be aware that by agreeing to it you will be waiving and releasing claims for potential injuries and property damage arising from participation in this fitness or sports activity.

I, as the participant or parent or legal guardian of the above-named child, acknowledge that I understand the physical nature of this fitness or sports activity and that I, or the above-named child, am/is qualified, in good health, and in proper physical condition to participate in such activity. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous fitness activities and have substantial risks of injury such as transmission of diseases. I fully understand that fitness and sports classes may incorporate compound whole-body movements that demand focus and constant attention to form and may involve the risk of serious bodily injury, including, but not limited to, broken bones, torn ligaments, dislocated joints, head injury, stroke, loss of consciousness, cardiac arrest, muscle strain and sprain, back injury, joint pain, pelvic discomfort, knee or hip dislocation, punctures, abrasions, bruising, and shortness of breath which may result in permanent disability, paralysis and/or death. I understand that these and other risks may be caused by my own, or the above-named child's actions or inaction; or by others participating in this event; by the use and adjustment of any equipment or apparatus; the conditions in which the event takes place; or the negligence of the Releasers described below; and that there may be other risks either not known by me, or the above-named child, or not foreseen at this time. I fully accept and expressly assume all such risks and responsibility for injury, losses, costs, and damages I, or the above-named child, incur as a result of my or the above-named child's participation in the activity.

I hereby release, discharge and covenant not to sue the City of Henderson, their respective administrators, directors, agents, officers, volunteers and/or employees (Releasers) for occurrences of any nature or kind arising as a result of my or the above-named child's voluntary participation in this activity. If I, or anyone on behalf of me or the above-named child, makes a claim against any of the Releasers, I or my estate will indemnify, defend, save, and hold harmless each of the Releasers from any liability, loss, damage, or cost, whether for personal injury or property damage, which they may incur as a result of such claim, except to the extent described in the next paragraph.

This release, waiver of liability, and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the intentional, willful, or wanton misconduct of Releasers. No oral representations, statements, or inducements apart from this waiver and release have been made.

I have, or will, inspect the facilities and equipment to be used in conjunction with this event and if I believe any unsafe conditions exists, I will immediately advise a class trainer of such condition and refuse to participate until such condition is corrected. I further acknowledge that I have been advised by the City of Henderson to seek the advice of a health care provider prior to my, or the above-named child's, participation in this activity.

Participant/parent/guardian signature

Date



Supporting the Americans with Disabilities Act, does patron require assistance? Yes No

If yes, please specify:

Please return to: Sports Office, 298 Arroyo Grande Blvd., Henderson, NV 89014