

Huron Youth Basketball Association

Registration Form

Player Information: Check # _____ Volunteer Check # _____

Name: _____ Grade: _____ School: _____

Phone: _____ Address: _____ City: _____

Email: _____

Check this box if you want to receive www.HuronTownship.com basketball newsletter.

Uniform Size (Please Circle Size)

YS YM YL AS AM AL AXL AXXL

*note uniforms tend to be narrow and long.

Registration Fees:

The registration fee is \$70 per child. This fee covers the following expenses: insurance, jersey, medals, refs, gym time, MVP, participation trophy, equipment, and All-Star Saturday.

Parent Participation Announcement:

Each family is being asked to participate in some manner in order to make our program more enjoyable for everyone. We are requesting that each family make a commitment to volunteer for a specific function, working a minimum of two (2) hours, 1 hour on two (2) different weekends. We are also requesting a post-dated check in the amount of **\$50** be made to HYBA to ensure that your obligation will be met. Upon meeting your obligation, the **\$50** check will be returned at the end of the season.

Indicate which work group(s) you would like to volunteer for.

___ Coaching ___ Concessions ___ All-Star Saturday ___ Set-up/Clean-up ___ All-Star Posters
___ Concession Item Pickup (Pizza, Donuts, Pizza Rolls)

Note: Coaching will fulfill the parent participate requirement.

Website Information:

The H.Y.B.A is using www.HuronTownship.com as its website. Your child's name will be posted on the site for listing the team roster, player of the week, and possibly team and live action photos. No personal information will be posted on the site. If this is an issue please contact a member of the board. Game schedules, rosters, events, and other information will be posted on the site also. Please use the site for information regarding the H.Y.B.A, it saves time and phone calls for the board members and coaches.

Medical Alert:

Please identify any medical condition:

Consent & Release:

The undersigned parent / guardian acknowledge that he / she:

- A. is aware that basketball is the type of activity that can result in personal injury;
- B. releases and holds harmless Huron Youth Basketball Association, High School District, it's agents, coaches, and volunteers, from any and all liability that may incur in performance of their duties with the Basketball Program;
- C. affirms that the above player has had a medical physical in the past 12 months and is not restricted from participating in sport activities;
- D. will immediately notify the directors of all "medical alerts" that may arise;
- E. abide by the rules and expectations of the Basketball Program, practice and encourage good sportsmanship during all games and practices.

Parent or Guardian (Print)

Date

Parent or Guardian (Signature)

Emergency Contact Information:

(Fill out if different from above)

Name: _____

(Print)

Phone: _____