



SPRING BASKETBALL – 2017

Friday Night League Registration Form

LAST NAME OF PLAYER _____ FIRST NAME OF PLAYER _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____ PHONE # _____

E-MAIL _____ SEX: MALE FEMALE

PLAYER'S HEIGHT _____ DATE OF BIRTH ____/____/____

MY CHILD (CHECK ONE) DID OR DID NOT PLAY BASKETBALL FOR HYBA DURING THE FALL 2016 SEASON

PLEASE CIRCLE THE ACADEMIC GRADE OF YOUR CHILD AS OF MARCH 1, 2017: **K 1 2 3 4 5 6 7 8 9 10 11 12**

PARENT INFORMATION

FATHER'S NAME _____ MOTHER'S NAME _____

WE NEED YOUR HELP WITH REGISTRATION, BECAUSE GYM TIME IS LIMITED. YOU ARE ASKED TO SEND IN YOUR REGISTRATION FORM AND PAYMENT AS SOON AS POSSIBLE. YOUR CHECK IS YOUR RECEIPT. ALL GAMES WILL BE PLAYED FRIDAY EVENINGS DURING THE MONTHS OF APRIL, MAY, AND JUNE 2017. FOR MORE INFORMATION: CALL, 410-461-7694; OR VISIT, www.HYBA.ORG.

***** NOTE: HYBA IS ALWAYS ATTEMPTING TO GET MORE PARENTS INVOLVED IN A VARIETY OF CAPACITIES IN THE BASKETBALL PROGRAM *****

IF YOU HAVE ANY INTEREST IN VOLUNTEERING YOUR TIME, PLEASE INDICATE BELOW AS APPROPRIATE

- | | | |
|---|------------------------------|-----------------------------|
| I WISH TO BE A HEAD COACH DURING THE SPRING 2017 SEASON | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I WISH TO BE AN ASSISTANT COACH DURING THE SPRING 2017 SEASON | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I AM INTERESTED IN BECOMING A LEAGUE COMMISSIONER | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I AM INTERESTED IN HELPING IN SOME NON-COACHING CAPACITY | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

INDIVIDUAL REGISTRATION FEE: \$85.00 / TEAM REGISTRATION FEE: \$500.00

Important Registration Information:

- There is a deadline of March 1, 2017 for submission of this form and the \$85.00 individual registration fee for placement on a team for the Spring 2017 basketball season. Anyone missing the March 1, 2017 deadline will be put on a waiting list.
- To enter as a team, all registration forms must be mailed in a single envelope along with the \$500.00 team registration fee. The team registration envelope must include the coach's name and contact information. Also, please indicate if your group is a travel or recreation level team.**
 - PLEASE NOTE, WHEREVER POSSIBLE, TRAVEL TEAMS ARE PLACED IN TRAVEL ONLY LEAGUES OR PLACED UP ONE GRADE DIVISION.**
- Prior to the first game of the Spring 2017 season, a \$15.00 administrative fee will be deducted on all requested refunds.
- There will be no refunds after the first game of the season.
- Players are placed in the leagues based on their gender and academic grade. Please indicate below, if you wish your child to be assigned to a different league

➤ I wish my child to be placed in the following, different league _____.

I hereby register the above child as a participant in the Basketball program. I certify that I am the parent or legal guardian of said child and hold harmless the H.Y.B.A., Inc. from any and all liability for any injury, illness or condition that may arise as a result of participation in this program. I also certify that the above child's birth date and academic grade are accurate as indicated.

Date _____

Signature of Parent or Legal Guardian
Please make checks payable to: **H.Y.B.A., Inc.**
Mail to: **H.Y.B.A. Basketball**
Attn: Basketball Registration Committee
P.O. Box 361
Ellicott City, MD 21041

**REGISTRATION FORMS
MUST BE RECEIVED BY
MARCH 1, 2017**