

CAMILLUS YOUTH BASKETBALL ASSOCIATION, INC

2009 – 2010 REGISTRATION FORM

(USE A SEPARATE FORM FOR EACH PLAYER - FILL OUT COMPLETELY).

Participant Information:

Last Name: _____ First: _____ Middle: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Age: _____ Date of Birth(M/D/Y): _____ Current Grade: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address(If different): _____

City: _____ Zip: _____ E-Mail: _____

Phone #:(Day) _____ (Night) _____ (Cell) _____

Must be a resident of the West Genesee Central School District to participate.

School currently attending: _____

Team Information:

<u>Grade</u>	<u>Sex</u>	<u>League</u>	<u>Grade</u>	<u>Sex</u>	<u>League</u>
1&2	M	Instructional Boys	7&8	M	Modified Boys
1,2&3	F	Instructional Girls	6&7	F	Grasshopper Girls
3	M	Pee Wee Boys	9	M	Bantam Boys
4&5	M	Biddy Boys	8-12	F	Bantam/Sr. Girls
4&5	F	Biddy Girls	10-12	M	Senior Boys
6	M	Grasshopper Boys			

Please indicate if you wish to be a head or assistant coach ----- Y / N

Please indicate if you are interested in refereeing games ----- Y / N League _____

Note: League officials reserve the right to assign a player to a different League or Team if such a move is in the best interest of the participant and/or the League.

INSURANCE RELEASE INFORMATION: I hereby give the above PARTICIPANT permission to participate in any and all basketball program activities during the current season sponsored by CAMILLUS YOUTH BASKETBALL ASSOCIATION, INC.(CYBA). I understand that there is a risk of injury in participating in the CYBA basketball program(the "Program"). In consideration of the PARTICIPANT being allowed to participate in the program.I agree to release, indemnify and hold harmless the CYBA, its directors, officers, coaches, organizers, participants and persons transporting the PARTICIPANT to and from all program activities from liability for any injuries which might occur to the PARTICIPANT during each participation including but not limited to any injuries resulting from or arising out of the negligence of the CYBA, its directors, officers, coaches, organizers, participants and persons transporting the PARTICIPANT to and from all program activities. I, the parent/guardian of the participant named above, hereby give my consent for him/her to participate in CYBA activities.

I have read and understand the content of the permission/release form and I am aware that participation is voluntary.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Registration Fee: \$30.00 First Participant and \$20.00 for each additional family Participant early registration until 10/25/2009.

\$35.00 First Participant and \$25.00 for each additional family Participant from 10/26/2009 till 10/30/2009.

\$40.00 First Participant and \$30.00 for each additional family Participant from 11/02/2009 with no guaranteed placement.

**Mail completed registrations to: Camillus Youth Basketball Association
C/O Camillus Parks and Recreation Department
4600 West Genesee Street
Syracuse, New York 13219**