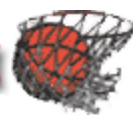




CONEJO YOUTH BASKETBALL ASSOCIATION

WWW.CYBA.ORG

P.O. BOX 6966, THOUSAND OAKS, CA. 91359



CYBA BLACKTOP SUMMER BASKETBALL REGISTRATION

CYBA Blacktop is an 8-game mini season. Games will be held Tuesday and Thursday evenings from July 8, 2008 to July 31, 2008 at Redwood Middle School. Indoor and outdoor games included. There are only two practices allowed before games start. No practices after July 8, 2008. Teams will be formed by June 30, 2008. Coaches will contact players after teams are formed. Registration closes June 30th. **WE NEED COACHES! No experience required!** If you are willing to coach, please email easyoneasyoff2004@yahoo.com. **If there are not enough coaches parents will be responsible for coaching. Players must be entering 1st – 9th grade fall 2008-2009 school year. Refund requests will be accepted prior to team formation. Refund requests received after teams are formed require approval from the CYBA Board of Directors.** CYBA is not affiliated with the Conejo Valley Unified School District. Non-profit ID #770108101.

SIGN UP BEFORE MAY 16th AND PAY ONLY \$70! AFTER MAY 16th REGISTRATION IS \$80

MAIL COMPLETED FORM TO:

CYBA BLACKTOP – Marc Ellen
P.O. Box 6966 Thousand Oaks, CA 91359
Email: easyoneasyoff2004@yahoo.com

Player Name		Age	Date of Birth	Male/Female
Address		City	State/Zip	Phone
School	Grade Just Finished	Grade Going Into	Played CYBA (Y/N)	How Long?
Mother's Name	Home Phone	Work Phone	Email	
Father's Name	Home Phone	Work Phone	Email	

I AM WILLING TO COACH (circle one): **YES** **NO**

I/WE the parents/guardian of the above named applicant, hereby give MY/OUR approval to his/her participation in any and all basketball activities during the current season. UWE do assume all risks and hazards incidental to such participation including transportation to and from such activities; and I/WE do hereby waive, release, absolve, indemnify, and agree to hold harmless the local team, the Respective League and Conference; and any other organization that this program is affiliated with, the organizers, sponsors, supervisors, board members, coaches, managers, participants, and persons transporting MY/OUR child to and from such activities, for any claim out of injury to MY/OUR child.

MY/OUR child has the following physical handicaps, injuries, or allergies:

In the event of injury to MY/OUR child (print full name):
_____ Age: _____

Who was born on (mm/dd/yy) _____. I/WE hereby grant authority to any qualified physician to render such medical treatment as said physician deems necessary under the circumstances. The name of our physician is _____.

Our insurance company is _____ Our group number is: _____.

If no other insurance, enter parent/guardian Social Security # _____. I/WE have read the foregoing Parental Consent Release and Medical Treatment Release; I/WE understand them and sign them voluntarily.

Parent Signature	Address	Home/Work Phone	Date
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