



# CONEJO YOUTH BASKETBALL ASSOCIATION

WWW.CYBA.ORG

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



## CYBA 2010 GIRLS SPRING LEAGUE REGISTRATION

League games begin after Spring Break and will continue through the school year. Practices are held during the week, with games held on **Saturdays**. Players can choose to play as a team, sign up with friends, choose their coach, or register individually. Indoor practices (1/week) begin in early April. Players per team will be determined by available coaches. If you are willing to coach, please email [tim.hanson@amgen.com](mailto:tim.hanson@amgen.com) with the grade level. Girls in grades 3 through 9 are eligible to sign up, divisions will be determined based on registrations. Please email the above address for grade level exceptions. Refund requests presented with appropriate validation will be accepted prior to teams being formed. Refund requests received after rosters are formed will require approval from the CYBA Board of Directors.

### NOT AFFILIATED WITH THE CVUSD. NON PROFIT ID# 770108101

Player fees received by March 13<sup>th</sup> are \$140 per player (discount for teams with uniforms)

\$150 if received after March 20<sup>th</sup>, No sponsorships or other fees

Discounts for teams of more than 7 girls

**Send Email to above address confirming registration and mail completed form to:**

CYBA Spring Registration  
P.O. Box 6966  
Thousand Oaks, CA 91359

Player Name	Age	Date of Birth	Female
Address	City	State/Zip	Phone
School	Present Grade	Played CYBA (Yes/No)	Years Experience
Mother's Name	Home Phone	Work Phone	Email
Father's Name	Home Phone	Work Phone	Email

List dates/times of potential conflicts that could result in missed practices and games (softball, etc):

Players my daughter would like to play with:

Coach my daughter would like to play for:

Circle all that apply:

I am willing to  COACH  ASSISTANT COACH  TEAM PARENT

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. I/WE 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 \_\_\_\_\_