

CYBA REGISTRATION FORM

Mail to: CYBA PO Box 6966, Thousand Oaks CA 91359

www.cyba.org 805-732-7327

Please Print

1st Players Name _____ Height _____ Sex: Male/Female \$175.00
 Grade _____ DOB _____ Played last season: Yes/No
 2nd Players Name _____ Height _____ Sex: Male/Female \$165.00
 Grade _____ DOB _____ Played last season: Yes/No
 3rd Players Name: _____ Height _____ Sex: Male/Female \$165.00
 Grade _____ DOB _____ Played last season: Yes/No

Address _____
 City _____ Zip _____ Home phone _____
 Mothers Name _____ Fathers Name _____
 Mothers Cell _____ Fathers Cell _____
 Mothers email _____ Fathers email _____

VOLUNTEER Information
(Circle if interested)

Coach Asst Coach Team Parent Board Member

(if interested in coaching please fill out the application to coach document which is on the web site; www.cyba.org or at any of the walk-up registration sites)

I/WE the parents/guardians of _____ 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. 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 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 child's name) _____, 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 personal physician is _____
The name of our insurance company is _____,
And our group number is _____. If no insurance, enter the parent/guardian Social Security Number _____

I/WE have read the forgoing Parental Consent Release and Medical Treatment Release; I/We do understand them and sign them voluntarily.

Parent/guardian printed name _____
Signature _____ Date _____

Please Note: Refund applications presented with appropriate validation will be accepted prior to draft day. Applications received after draft day will require approval from the CYBA Board of Directors.

FOR CYBA USE ONLY

Children Playing _____ Amount Paid _____ check # _____ cash _____
Received by: _____