

Calaveras Youth Basketball Association Registration Form

CYBA
PO BOX 1557
SAN ANDREAS, CA 95249

Last Name				First Name							
Mailing Address						Area Code	Telephone Number				
City				State	Zip Code		CYBA USE ONLY registration # _____				
Email Address											
Grade	YS	YM	YL	AS	AM	AL	AXL				
Shirt size Y= Youth A=Adult S M L XL				Birthdate		Month	Day	Year	Gender	Height INCHES	Weight

Father's Name _____	Cell Phone: _____	Business Phone _____
Mother's name _____	Cell Phone: _____	Business Phone _____
Lives With: <input type="checkbox"/> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father	Date of Last Season _____	Seasons Played _____
Please indicate any physical limitation CYBA should be aware of _____		

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named player, if said player needs emergency treatment and neither a parent nor the family physician can be contacted, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent or Guardian
X _____

Phone: Home _____ Business _____

PARENTAL SUPPORT

CYBA is an all-volunteer organization. We need all parents to become involved in the program for it to be successful. Please indicate how you are able to support the organization this season.

<input type="checkbox"/> Coach	Child: _____
<input type="checkbox"/> Asst. Coach	Child: _____
<input type="checkbox"/> Sponsor	Child: _____
<input type="checkbox"/> Board Member	<input type="checkbox"/> Registrar
<input type="checkbox"/> Publicity	<input type="checkbox"/> Coach Coordinator

On behalf of the child whose name is listed below, I hereby apply for his/her participation in Calaveras Youth Basketball Association (CYBA), and induce CYBA to accept this application. I hereby warrant that both myself and my child are familiar with the risks associated with participation in an active sport such as basketball; furthermore, I warrant that my child is in good health, has no condition or disability which would interfere with his/her participation in CYBA during the current season, and also assume all risks and hazards which are incidental to the conduct of the activities. I hereby release, absolve, indemnify, and hold harmless, CYBA, a California non-profit association, and its volunteers, of any and all liability or damage, injury, or expense of any kind arising out of, or connected with my child's participation in CYBA.

I am hereby informed that all rostered players are covered by an insurance policy in case of accident or medical emergency while participating in an activity sponsored by CYBA. I further understand that in case of a medical emergency, my own personal medical plan, if I have one, will be used prior to the insurance provided through CYBA.

Participation in competitive athletics may result in serious injury. It is impossible to totally eliminate such occurrences from competitive sports. Players can reduce the risk of serious injury by obeying safety rules, following a proper conditioning program, and maintaining equipment properly.

EVEN IF ALL THESE REQUIREMENTS ARE MET, AND EVEN IF THE ATHLETE IS IN EXCELLENT PHYSICAL CONDITION WITH PERFECT EQUIPMENT, A SERIOUS ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION IN THE CALAVERAS YOUTH BASKETBALL ASSOCIATION BY THE CHILD LISTED BELOW, I ACKNOWLEDGE THAT I HAVE READ THIS CONSENT, AND KNOWINGLY, ON BEHALF OF MY CHILD, ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION IN ANY WAY IN THE CALAVERAS YOUTH BASKETBALL ASSOCIATION. CYBA RESERVES THE RIGHT TO MOVE PLAYERS FROM TEAM TO TEAM, OR LEVEL TO LEVEL, IN ORDER TO ACHIEVE AND RETAIN BALANCED TEAMS. CYBA REQUIRES A PARENT, GUARDIAN, OR DESIGNATED ADULT BE PRESENT DURING CYBA EVENTS. CYBA BOARD MEMBERS AND COACHES HAVE MANY RESPONSIBILITIES DURING THESE EVENTS AND DO NOT HAVE TIME TO PROVIDE DAY CARE FOR CHILDREN.

I give my consent for my child to be photographed or video taped while participating in CYBA and for the resulting images to be used by CYBA for promotional purposes.

Name: _____	Player: _____
Print Name	Print Name
Signature: _____	Signature: _____
Date: _____	Date: _____

EVALUATION (for CYBA use only)													
Age Level	6-7	8-9	10-11	12-14									
Skill Level	Dribbling		1	2	3	4	5	Passing	1	2	3	4	5
	Shooting		1	2	3	4	5	Defense	1	2	3	4	5
Comments	_____												