



Calaveras Youth Basketball Association Registration Form

CYBA PO BOX 1557 San Andreas, CA 95249

PAYMENT INFO	
Cash	_____
Check #	_____
Sponsor	_____
Rec'd By:	_____

Player Name _____	DOB: _____	Age as of 1/1/24: _____
Mailing Address _____	City: _____	Zip Code: _____
Telephone: _____	Email: _____	
Shirt Size (Circle one): YOUTH SM M L ADULT SM M L XL		
Scheduling Contact (Best contact for coaches to reach out to)		Additional Contact:
Name: _____	Name: _____	
Relationship: _____	Relationship: _____	
Phone: _____	Phone: _____	

CONSENT FOR MEDICAL TREATMENT

As the parent/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/Guardian: _____

List any prior medical conditions: _____

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 can support the organization this season.

Coach (See additional form)
 Board Member
 Sponsor (See additional form)

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 my child and I 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 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.

Participation in competitive athletics may result in serious injury. It is impossible to eliminate such occurrences from competitive sports. Plyers 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 MY 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 TO 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 (print): _____	Player (Print): _____
Signature: _____	Signature: _____
Date: _____	Date: _____

EVALUATION (CYBA USE ONLY)

Age Level: 6-7 8-9 10-11 12-14	Seasons Played: _____	Player size: SM MED TALL
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

Additional Comments: _____