

HOWARD YOUTH BASKETBALL ASSOC., INC.

Fall Basketball – 2008

Friday Night League

Registration Form



LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE # _____

E-MAIL ADDRESS _____

SEX: MALE _____ FEMALE _____

Date of Birth ____/____/____

Did your child play for H.Y.B.A. **LAST** Season? Yes _____ No _____

Player's Height _____

PARENT INFORMATION

FATHER'S NAME _____

MOTHER'S NAME _____

We need your help with registration, because gym time is limited, you are asked to send in your registration form and payment as soon as possible. Your check is your receipt. All games will be played on Friday evenings during the months of September and October 2008. FOR INFORMATION CALL: 410-461-7694 or visit www.HYBA.org.

NOTE: HYBA is always attempting to get more parents involved in a variety of capacities in the basketball program. **If you have any interest in volunteering your time, please indicate below as appropriate:**

I wish to be a head coach during the Fall 2008 season

Yes

No

I wish to be an assistant coach during the Fall 2008 season

Yes

No

I am interested in becoming a league commissioner

Yes

No

I am interested in helping in some other non-coaching capacity

Yes

No

REGISTRATION FEE: \$60.00

Important Registration Information:

1. There is a deadline of August 1, 2008 for submission of this form and the \$60.00 registration fee for guaranteed placement on a team for the Fall 2008 basketball season. Anyone missing the August 1, 2008 deadline will be put on a waiting list.

2. **To enter as a team, all registration forms must be mailed in a single envelope. The team registration envelope must include the coach's name and contact information. For more information, go to, <http://www.hyba.org/program.html>.**

3. Players are placed in the leagues based on their sex and calendar year birth date. Please indicate below, if you wish your child to be assigned to a different league.

I wish my child to be placed in the following different league _____.

I hereby register the above child as a participant in the Basketball program. I certify that I am the parent or legal guardian of said child and hold harmless the Howard Youth Basketball Association, Inc. from any and all liability for any injury, illness or condition that may arise as a result of participation in this program. I also certify that the above child's birth date is accurate as indicated.

Signature of Parent or Legal Guardian

Date _____

Please make checks payable to: H.Y.B.A., Inc.

Mail to: H.Y.B.A. Basketball
Attn: Spring Basketball Committee
P.O. Box 361
Ellicott City, Maryland 21041

**REGISTRATION FORMS
MUST BE RECEIVED BY
AUGUST 1, 2008**