

HOWARD YOUTH BASKETBALL ASSOC., INC.

Fall Basketball – 2010

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 2010. 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 2010 season

Yes

No

I wish to be an assistant coach during the Fall 2010 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, 2010 for submission of this form and the \$60.00 registration fee for guaranteed placement on a team for the Fall 2010 basketball season. Anyone missing the August 1, 2010 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: Fall Basketball Committee  
P.O. Box 361  
Ellicott City, Maryland 21041

**REGISTRATION FORMS  
MUST BE RECEIVED BY  
AUGUST 1, 2010**