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# HYBA

## WINTER BASKETBALL CAMP – 2011

DIRECTED BY COACH MCDUFFIE

GIRLS & BOYS AGES 5 - 14

### REGISTRATION FORM

**PLACE, BURLEIGH MANOR MIDDLE SCHOOL, 4200 CENTENNIAL LANE  
ELLICOTT CITY, MD 21042**

**DATE, DECEMBER 26 – 30, 2011**

**TIME, 9:00AM – 3:30PM**

**EACH PLAYER RECEIVES**

TEAM JERSEY

**PLUS**

EXPERIENCED COACHES

DAILY RAFFLES

**COST, 175.00 (AFTER DECEMBER 5, 2011)**

**PAY BEFORE DECEMBER 5, 2011**

**EARLY BIRD SPECIAL: \$150.00**

**BEFORE & AFTER CARE AVAILABLE**

BEFORE CARE, 8:00AM – 9:00AM

AFTER CARE, 3:30PM – 5:30PM

\$25.00 PER AM OR PM CARE

**FOR FURTHER INFORMATION CONTACT THE FOLLOWING:**

[HOCOYOUTHSPORTS@VERIZON.NET](mailto:HOCOYOUTHSPORTS@VERIZON.NET) OR (410)461-7694

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

#### PARENT INFORMATION

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

*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: Winter Basketball Camp Committee  
P.O. Box 361  
Ellicott City, Maryland 21041

**REGISTRATION FORMS  
MUST BE RECEIVED BY  
December 21, 2011**