

Madison Youth Basketball Association

P.O. Box 255, Madison, Ohio 44057

Registration form



Name _____ Date of Birth _____
 Address _____ Grade _____ Gender _____
 City _____ Zip _____ HT: _____ ft. _____ in. Weight _____
 Phone _____ **Shirt Size** **10/12** **14/16** **AS** **AM** **AL** **AXL**
 Email _____ Did you play last year? _____

On evenings and weekends, who can be reached in the event of an emergency

Requests will try to be honored but not guaranteed
 Coach's Name _____

Emergency Contact: _____ / _____
 Name Phone #

I hereby give my child permission to play basketball under the direction of the Madison Youth Basketball Association. In doing so, I absolve MYBA of any responsibility for known or unknown medical conditions that could be made worse or become apparent while playing basketball, for any injuries which may occur as a result of participation in this league, and for any damages or losses to personal property that may occur at practice on in games. I also give permission for my child to receive appropriate medical attention for injury or illness in the absence of a parent or legal guardian.

Parent / Guardian: _____
 Please Print

Signature: _____ **Date:** _____

I would like to help MYBA as follows: Coach Assistant Coach Concession Volunteer

First name of volunteer: _____

Do you wish to coach with anyone in particular? Who? _____

Would you like more information sent to you regarding travel / tournament basketball? YES NO

Registration FEES	# of Children	All in grades 1-4	Grades 1-6 with 1 or more in grades 5-6
	1	\$65	\$75
	2	\$75	\$90
	3 or more	\$90	\$105

Make checks payable to **Madison Youth Basketball Association (MYBA)**. Return form with payment to P.O. Box 255, Madison, Ohio 44057 or bring to registration.

official use only							Registration #
paid amount							
Cash							
Check							revised: 4-September -2017