



FALL BASKETBALL – 2024

Friday Night League

TEAM REGISTRATION FORM

LAST NAME OF COACH _____ FIRST NAME OF COACH _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____ PHONE # _____

E-MAIL _____ TEAM SEX: MALE FEMALE

RECREATION TEAM TRAVEL TEAM

MY TEAM (CHECK ONE) DID OR DID NOT PLAY BASKETBALL FOR HYBA LAST SEASON

PLEASE CIRCLE THE ACADEMIC GRADE OF YOUR TEAM: **K 1 2 3 4 5 6 7 8 9 10 11 12**

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 FRIDAY EVENINGS DURING THE MONTHS OF SEPTEMBER, OCTOBER, AND NOVEMBER 2024. FOR MORE INFORMATION: CALL, 410-461-7694; OR VISIT, www.HYBA.org.

***** NOTE: HYBA IS ALWAYS ATTEMPTING TO GET MORE PARENTS INVOLVED THE BASKETBALL PROGRAM *****
IF YOU HAVE ANY INTEREST IN VOLUNTEERING YOUR TIME, PLEASE INDICATE BELOW AS APPROPRIATE

I AM INTERESTED IN BECOMING A LEAGUE COMMISSIONER YES NO
I AM INTERESTED IN HELPING IN A NON-COACHING CAPACITY YES NO

TRAVEL TEAM REGISTRATION FEE: \$600 / RECREATION TEAM REGISTRATION FEE: \$700

Important Registration Information:

1. There is a deadline of August 1, 2024 for submission of this form. Anyone missing the deadline will be put on a waiting list.
2. **To enter as a team, all registration forms must be mailed in a single envelope along with the \$600.00 travel team registration fee or \$700.00 recreation team registration fee. The team registration envelope must include the coach's name and contact information. Also, please indicate if your group is a travel or recreation level team. PLEASE NOTE: TRAVEL TEAMS ARE PLACED IN TRAVEL ONLY LEAGUES ONLY**
3. Prior to the first game of the Basketball Program, an administrative fee will be deducted on all requested refunds.
4. There will be no refunds after the registration deadline of the season.
5. Teams are placed in the leagues based on their gender and academic grade. Please indicate below, if you wish team to be assigned to a different league

➤ I wish my team to be placed in the following, different league _____.

I hereby register the above team as a participant in the Basketball program. I certify as a coach/volunteer I hold harmless the HYBA., Inc. from any and all liability for injury, illness, or condition that may arise as a result of participation in this program. I also certify that the team's academic grade are accurate as indicated.

Signature of Coach: _____ Date _____

Please make checks payable to: **H.Y.B.A., Inc.**
Mail to: **H.Y.B.A. Basketball**
Attn: Basketball Registration Committee
P.O. Box 361
Ellicott City, MD 21041

**REGISTRATION FORMS
MUST BE RECEIVED BY
AUGUST 1, 2024**