



FALL BASKETBALL – 2024

Friday Night League Player Registration Form

LAST NAME OF PLAYER _____ FIRST NAME OF PLAYER _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____ PHONE # _____

E-MAIL _____

SEX: MALE FEMALE

PLAYER'S HEIGHT _____

DATE OF BIRTH ____/____/____

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

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

LEGAL GUARDIAN / PARENT INFORMATION

LEGAL GUARDIAN'S / PARENT'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 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 WISH TO BE A HEAD COACH DURING THIS BASKETBALL SEASON	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I WISH TO BE AN ASSISTANT COACH DURING THIS BASKETBALL SEASON	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I AM INTERESTED IN BECOMING A LEAGUE COMMISSIONER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I AM INTERESTED IN HELPING IN A NON-COACHING CAPACITY	<input type="checkbox"/> YES	<input type="checkbox"/> NO

INDIVIDUAL REGISTRATION FEE: \$139.00

Important Registration Information

- There is a deadline of August 1, 2024 for submission of this form and the \$139.00 individual registration fee for placement on a team for the basketball season. Anyone missing the deadline will be put on a waiting list.
- Prior to the first game of the Basketball Program, a \$50.00 individual administrative fee will be deducted on all requested refunds.
- There will be no refunds after the registration deadline of the season.
- Players are placed in the leagues based on their gender and academic grade. Please indicate below, if you wish your child or team to be assigned to a different league

➤ I wish my child or team 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 H.Y.B.A., Inc. from any and all liability for any injury, illness or condition that may arise as a result of participation in this 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 above child's birth date and academic grade are accurate as indicated.

Date _____

Signature of Parent or Legal Guardian _____

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**