



MARLBORO YOUTH BASKETBALL

Develop • Respect • Compete

2018-2019 REGISTRATION FORM

Please complete the following information, including jersey and short size.

Player's Name _____ Gender _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Grade _____ School Attended _____ # Years Played _____

Father's & Mother's Name _____ Email Address _____

Home Phone _____ Cell Phone _____ Player Medical Conditions _____

Jersey Size: Youth _____ **Shorts Size:** Youth _____
(select one) Adult _____ (select one) Adult _____

Will your son/daughter need a new practice jersey*?

* included in \$160 registration fee for new players only; \$10 extra for returning players

If Yes, Top 3 Number Preferences: _____

PARENT PERMISSION, RELEASE OF LIABILITY AND MEDICAL CONSENT FORM

I hereby consent to my dependent participating in tryouts/evaluations, practices and games as it relates to Marlboro Youth Basketball (MYB) and its entries in the South Central Massachusetts Basketball League (SCMYBL). I shall hold free and harmless MYB, SCMYBL, its coaches, directors and properties from any and all liability for personal injury that may occur during such participation. I further grant continuing consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Parent Signature _____ Date _____

IF WE ARE IN NEED OF COACHES AT YOUR CHILD'S GRADE LEVEL, WOULD YOU BE INTERESTED IN COACHING A MYB TRAVEL TEAM? Yes No

I grant permission to give my email address to local AAU Basketball organizations for the purpose of receiving information on those programs (i.e. AAU tryouts, Clinics, etc.).