



## FOXBORO YOUTH BASKETBALL ASSOCIATION 2018-2019

### Participant Info:

_____ Last Name	_____ First Name	_____ Grade	_____ Date of Birth (mm/dd/yy)	_____ Age (As of 9/1/18)	_____ M/F
_____ Foxboro Street Address			_____ Home Phone #		
_____ Father's Name			_____ Mother's Name		
_____ Alternate Phone – Father (cell, work, etc.)			_____ Alternate Phone – Mother (cell, work, etc.)		
_____ Email Address			_____ Medical Problems? Please specify		
_____ Doctor to notify in an emergency – Phone #			_____ Emergency Contact – Phone #		

**Interested in volunteering?**    **Coach**\_\_\_\_\_    **Assistant Coach**\_\_\_\_\_    **Referee**\_\_\_\_\_

### **A SEPARATE REGISTRATION FORM MUST BE SUBMITTED FOR EACH CHILD**

Are you registering more than one child?    Yes\_\_\_\_\_    No\_\_\_\_\_    If YES, please list siblings:

Name_____	Age _____	Name_____	Age_____
Name_____	Age _____	Name_____	Age_____

### **Is your child participating in another sport during the 2018-2019 season?**

Yes\_\_\_\_\_    No\_\_\_\_\_    If yes, please indicate the sport:\_\_\_\_\_

### **Fees: Make Checks Payable to "FYBA"**

#### **Check those that are applicable:**

\_\_\_\_\_ \$100 - One Participant      \_\_\_\_\_ \$200 – Two Participants      \_\_\_\_\_ \$250 – Three or more Participants

\_\_\_\_\_ \$30 – Boys Senior Division Referee Fee      \_\_\_\_\_ \$30 late fee (**After 10/1/18**)

*\*NOTE: Road Team Fees and Uniform Charges Will Be Collected by Each Coach*

### **Abide by Rules/Liability Waiver/Consent for Medical Treatment**

I, the parent/guardian of the named participant(s), a minor, agree that I and the registrant will abide by the rules of Foxboro Youth Basketball Association (FYBA) and its affiliated organizations, leagues and sponsors. I recognize that there is the possibility of physical injury associated with playing basketball and in consideration of the FYBA accepting the participant(s) into its basketball program(s) and activities, I hereby release, discharge and/or otherwise indemnify the FYBA, its coaches, volunteers and board members and the FYBA's affiliated organizations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for the programs and activities, against any claim by or on the behalf of the participant(s) as a result of his or her participation in the FYBA's program(s) and activities and/or being transported to or from the same.

As Parent or Legal Guardian of the above named player, I hereby give my 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 the life, limb, or well being of my dependent.

_____ Name	_____ Signature	_____ Date
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