



*A Michigan Non-Profit Corporation dedicated to Youth Basketball Development*

## **Player Registration (for placement on a team)**

\_\_\_\_\_ I would like to be placed on a team for the \_\_\_\_\_ program/league.

\_\_\_\_\_ I have \_\_\_\_\_ players and would like to be placed on the same team for the \_\_\_\_\_ program/league. I will have them register individually but their names are \_\_\_\_\_

**NOTE:** We will do our best to put you in touch with a coach in need of players. We are always looking for good coaches to help after teams are formed. There is no guarantee that you be placed on a team before the league or program starts.

Players Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Height \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Mom/Dad Name \_\_\_\_\_

**PAYMENT Information:** Payment of the player must be done at the time it is mailed in or by attaching your credit card information below. There is a \$ 3.00 charge per transaction added for credit card processing. Your payment will not be process until the player is placed on a team.

Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check No. \_\_\_\_\_ M/O \_\_\_\_\_ M/C \_\_\_\_\_ Visa \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Credit Card Signature \_\_\_\_\_

### **Permission and Liability Waiver**

The signing of this form gives permission to your son/daughter to participate in any basketball events or leagues. As parent or legal guardian, I further understand that my son/daughters participation in such activities may cause injury just by the nature of the activity. Additionally, I will hold Community Youth Basketball Assoc., Hoop City Basketball, LLC, Jenison Basketball Partnership, LLC, the partners of such, East Hills Athletic Center, their respective staffs harmless for any injury, loss or damage. I further assure that my son/daughter has no health problems that would prevent them from full participation in the activities involved in the event they are registering for. I will be solely responsible for my son/daughters safety and have fully inspected the courts/facilities used for the events. I take responsibility for monitoring their physical condition during such activities, even though I might not be in attendance. I fully release Community Youth Basketball Assoc., Hoop City Basketball, LLC, Jenison Basketball Partnership, LLC, its sponsors, East Hills Athletic Center, any staff, instructors, officers, agents, partners and any representatives of any liability, loss, or legal action and further agree that this applies to my heirs, assigns and persons acting on my behalf, including a coach, parent, or guardian.

I have read and fully understand the above Permission and Liability Waiver and agree to abide by it.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or Fax completed for to: **CYBA, PO Box 68544, Grand Rapids, MI 49516 - Fax 616-957-4667**  
Questions: Call 616-862-4667