



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

## Team Registration

Team Name: \_\_\_\_\_ Age/Grade Level: Boys \_\_\_\_\_ Girls \_\_\_\_\_

Event you are registering for: \_\_\_\_\_

Coach's Name \_\_\_\_\_ E-Mail address \_\_\_\_\_

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

Coach's Phone \_\_\_\_\_ Asst. Coach Name: \_\_\_\_\_

Asst. Coach Phone: \_\_\_\_\_ Asst Coach E-Mail: \_\_\_\_\_

**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. Checks should be made out to CYBA

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

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

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

### Permission, Roster and Liability Waiver Form Information

AS COACH, I agree to complete an official Roster and Waiver Form for my team and have it completed and in the hands of CYBA officials at least one week before the league or tournament starts. The official Roster and Waiver Form is available on [www.CommunityYouthBasketball.org](http://www.CommunityYouthBasketball.org) web site.

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or Fax completed form to:**

**CYBA, PO Box 68544, Grand Rapids, MI 49516 - Fax 616-957-4667**

**Questions: Call 616-862-4667**