| | Do Not Write In This Space | | | | | | | | | | | |
|-----------|----------------------------|------|---------|-----------|----|--|--|--|--|--|--|--|
| Age Group | _ Check No | Cash | Amount: | Siblings: | BC | | | | | | | |

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| PALM BAY YOUTH BASKETBAI MUST BE NOTARIZED PLEASE | | | | | | 1 Regi DLUNI | | | NIZATION | | | |
|--|--|--|---|--|--|---|---|---|--|--|--|--|
| UNIFORM SIZE: (CIRCLE ONE) | SHIRT | YM | YL | AS | AM | AL | AXI | AX | XL | | | |
| Player Name | | | | | | | | Sex | M F | | | |
| Last First Parent/Guardian Name | | | | | | | | Circl | e One | | | |
| Last | | | Fi | rst | | | | | | | | |
| Mailing AddressBirthe | | | | | | | | | | | | |
| Street/PO Box | Zip | | | | | | Mo/Day | /Yr | | | | |
| Home Phone (Work | () | •1 | _Age a | as of S | Sept.1 | , 2020 | | | | | | |
| Request not to play for a coach? List Persons allowed to transport to/from | m DDVD A potivitio | e-mail a | ddress | | | | | | | | | |
| Continue list if necessary | III PD I DA activities | S | | | | | | | | | | |
| Continue list if necessary List any physical limitations or allergies | s (asthma. etc.) | | | | | | | | | | | |
| MEDICAL RELEASE: I certify that I am the Parent and/or Legal Guardian of the above-named minor child. In the event of an injury or illness to the child in my absence, I hereby authorize emergency medical care and treatment from any licensed physician, hospital, or medical clinic. I also authorize the representatives of PBYBA (Coaches, Assistant Coaches, and Board Members) to obtain any medical care as necessary. WAIVER OF LIABILITY AND FINANCIAL RESPONSIBILITY CLAUSE | | | | | | | | | | | | |
| I assume all risks and hazards to any an hold harmless the parent, PBYBA, Palm Ba Recreation, Southwest Middle School, the I and from activities for any claim arising ou I agree to pay for all damages done by th supplies, and/or other property under the a County Department of Parks and Recreation whose property is used for PBYBA Baskett I understand the rules prescribed by the abide by disciplinary actions upon infraction I will furnish a birth certificate of the ab on a PBYBA team does make me and my space. | d all PBYBA activities ay Department of Parl Brevard County Schoo at of any injury to my o he above-named child, authority of the PBYBA on, Southwest Middle ball activities. PBYBA governing th on of these rules. bove-named child to PI | s and do ks and R l Board, child. with the A, Palm School, t e facilitie BYBA. I | ecreation the part e except Bay De he Brev es used unders | on, Bre rticipan tion of p partmo vard C for PB | evard nts an norma ent of ounty YBA | County d person al use to Parks a School Basketb | Depart ns trans buildin nd Rec Board, all acti | ment of sporting ngs, equi reation, or any o vities an | Parks and my child to pment, Brevard rganization d agree to | | | |
| I WISH TO BE CONSIDERED FOR THE | | | | | | Please | Circle | e All that | t Apply | | | |
| Coach / Asst. Coach / Scorekeeper-Timeke Sponsor (\$150 Team / \$250 Division) Busi Date, 2020 SIGNATURE OF PARENT/GUARDIAN_ | ness Name | | | | | | | | | | | |
| Printed Name | | | | | | | | ent/Gua | rdian | | | |
| State of Florida County of Brevard ss: Sworn to (or affirmed) and subscribed before me thisday of, 2020 by Printed namewho is Personally Known | | | | | | | | | | | | |
| or Produced Identification | | | | | | | | _L1st ty | pe of ID | | | |
| My Commission Expires: Seal Notary Public State of Florida Printed Name | | | | | | | | | | | | |
| PARENT'S/SIBLING'S SHIRTS | | YS Y | 'M Y | YL . | AS | AM | AL | AXL | AXXL | | | |
| (\$10 each for up to AXL, \$12 for AXX | L) Amount _ | | | | | | | | | | | |
| | | | | | Tot | al \$_ | | | | | | |