

Do Not Write In This Space

Age Group _____ Check No. _____ Cash _____ Amount: _____ Siblings: _____ BC

PALM BAY YOUTH BASKETBALL ASSOCIATION

2021 - 2022 Registration

MUST BE NOTARIZED

PLEASE PRINT CLEARLY

PBYBA is an ALL VOLUNTEER ORGANIZATION

UNIFORM SIZE: (CIRCLE ONE) SHIRT YM YL AS AM AL AXL AXXL

Player Name _____ Sex M F
Last First MI Circle One

Parent/Guardian Name _____
Last First

Mailing Address _____ Birthdate ____/____/____
Street/PO Box City Zip Mo/Day/Yr

Home Phone (____) _____ Work Phone (____) _____ Age as of Sept.1, 2021 _____

Request not to play for a coach? _____ e-mail address _____

List Persons allowed to transport to/from PBYBA activities _____

Continue list if necessary _____

List any physical limitations or allergies (asthma, etc.) _____

PARENTS!! PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN THIS FORM

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 and all PBYBA activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent, PBYBA, Palm Bay Department of Parks and Recreation, Brevard County Department of Parks and Recreation, Southwest Middle School, the Brevard County School Board, the participants and persons transporting my child to and from activities for any claim arising out of any injury to my child.

I agree to pay for all damages done by the above-named child, with the exception of normal use to buildings, equipment, supplies, and/or other property under the authority of the PBYBA, Palm Bay Department of Parks and Recreation, Brevard County Department of Parks and Recreation, Southwest Middle School, the Brevard County School Board, or any organization whose property is used for PBYBA Basketball activities.

I understand the rules prescribed by the PBYBA governing the facilities used for PBYBA Basketball activities and agree to abide by disciplinary actions upon infraction of these rules.

I will furnish a birth certificate of the above-named child to PBYBA. I understand that being a parent or guardian of a player on a PBYBA team does make me and my spouse a regular member of PBYBA.

I WISH TO BE CONSIDERED FOR THE FOLLOWING POSITION(S) WITH PBYBA. Please Circle All that Apply
Coach / Asst. Coach / Scorekeeper-Timekeeper / Team Parent / Notary / Board Member

Sponsor (\$150 Team / \$250 Division) Business Name _____

Date _____, 2021

SIGNATURE OF PARENT/GUARDIAN _____

Printed Name _____ Parent/Guardian

State of Florida

County of Brevard ss:

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 2021 by

Printed name _____ who is Personally Known _____

or Produced Identification _____ List type of ID _____

My Commission Expires:

Seal

Notary Public State of Florida

Printed Name _____

PARENT'S/SIBLING'S SHIRTS

YS YM YL AS AM AL AXL AXXL

(\$10 each for up to AXL, \$12 for AXXL) Amount _____

Total \$ _____