

**Do Not Write In This Space**

Age Group \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_ Amount: \_\_\_\_\_ Siblings: \_\_\_\_\_ BC

**PALM BAY YOUTH BASKETBALL ASSOCIATION**

**2024 - 2025 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, 2024 \_\_\_\_\_

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 \_\_\_\_\_, 2024

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 \_\_\_\_\_, 2024 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 \$ \_\_\_\_\_