LOGAN YOUTH BASKETBALL ASSOCIATION 2010-11

PLAYER REGISTRATION FORM
(PLEASE PRINT)

CHECK #.....

CASH.....

NAME _____ **DATE OF BIRTH** _____

ADDRESS _____ **SEX (M or F)** _____

PHONE # _____ **WORK #** _____

E-MAIL ADDRESS _____

GUARDIAN _____ **GUARDIAN** _____
(PRINT) (SIGNATURE)

IN CASE OF EMERGENCY; NAME _____

RELATIONSHIP _____ **PHONE #** _____

MEDICAL COMMENTS (Please list allergies or any other medical conditions)

_____

_____

PARENTAL SUPPORT

COACH _____ ASST. COACH _____ TEAM PARENT _____

LEVEL and GRADE CATEGORIES

(Please **circle** the appropriate grade for your child)

Instructional -------->	Grades 1 and 2	_____	$ 50
Minor ---------->	Grades 3 and 4	_____	$ 65
Junior ---------->	Grades 5 and 6	_____	$ 75
Senior ---------->	Grades 7 and 8	_____	$ 75
		_____	

**** Maximum family fee is $ 150 ****

* Make checks payable to LYBA or LOGAN YOUTH BASKETBALL ASSOCIATION *

COMMENTS

NOTE: ALL 5TH GRADE PLAYERS MUST PROVIDE A BIRTH CERTIFICATE

Please sign below to confirm that you have received a copy of the Code of Conduct:

X _____