

# S.A.Y.B.A. TRAVEL REGISTRATION FORM

Sartell Area Youth Basketball Association

WWW.SAYBABBALL.ORG

Forms completed in their entirety must be received or postmarked by June 1<sup>st</sup>, 2009

Please return this form and check payable to:

SAYBA

PO BOX 130

Sartell MN 56377

## 1. PLAYER INFORMATION:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ Grade in Fall 2009: \_\_\_\_\_ Height: \_\_\_\_\_

City: \_\_\_\_\_ School: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Basketball Experience (please list): \_\_\_\_\_

Please list any health concerns or special needs of the participant: \_\_\_\_\_

### Grades 5-8

These are adult sizes

Jersey size: S M L XL

Shorts: S M L XL

### Grade 4

Youth Sizes

Jersev Size: M L XL

## 2. PARENT or GUARDIAN INFORMATION:

Father: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Address (if different from player)

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

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

## 3. PLEASE CHECK CATEGORY FOR WHICH YOU ARE REGISTERING

### Boys Travel

\_\_\_ 4<sup>th</sup> grade

\_\_\_ 5<sup>th</sup> grade

\_\_\_ 6<sup>th</sup> grade

\_\_\_ 7<sup>th</sup> grade

\_\_\_ 8<sup>th</sup> grade

### Girls Travel

\_\_\_ 4<sup>th</sup> grade

\_\_\_ 5<sup>th</sup> grade

\_\_\_ 6<sup>th</sup> grade

\_\_\_ 7<sup>th</sup> grade

\_\_\_ 8<sup>th</sup> grade

### Cost

\$125.00

\$150.00

\$160.00

\$170.00

\$180.00

### Received by

Deadline: June 1<sup>st</sup> 2009

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Maximum of \$280.00 per family. Registrations MUST be sent in together to qualify.

See

[www.saybabball.org](http://www.saybabball.org)

for more information

on the travel

program.

-Payment check may be post-dated to September 1<sup>st</sup>, 2009.

-Costs includes entry into all scheduled tournaments and uniforms for the players (jerseys only for 4<sup>th</sup> grade).

-Scholarships available for participants who demonstrate financial need.

-S.A.Y.B.A. Meetings are the 2<sup>nd</sup> Wednesday of each month 7:00 pm at the High School. Each team is required to send a representative to the monthly meeting beginning in August and ending in May.

## 4. COACHING:

SAYBA Coaches serve on a voluntary basis. Head Coaches and Assistant Coaches are needed for each travel team. If you are interested in coaching, please complete this section. Coach selections/placements are finalized by the SAYBA board.

\_\_\_ Head Coach \_\_\_ Assistant Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Basketball coaching experience: \_\_\_\_\_

I agree to release Sartell Area Youth Basketball Association/District 748 of all Liability related to accidents or injuries which might occur while participating in this activity. I also give my permission for emergency medical procedure to be administered if I cannot be contacted in the event of an emergency.

Signature of Parent/Guardian \_\_\_\_\_

Health Insurance

Company \_\_\_\_\_ Doctor \_\_\_\_\_ Dentist \_\_\_\_\_