

Please visit the web site for information on the Travel Program.

S.A.Y.B.A. TRAVEL REGISTRATION FORM
Sartell Area Youth Basketball Association
WWW.SAYBABBALL.ORG
Forms and check must be postmarked by June 1st, 2010
 Please return this form and check payable to:
SAYBA PO BOX 130 Sartell, MN 56377

SAYBA Use
 Date _____
 Amt _____
 Chk # _____
 Chk Date _____

Player Information

Player Name _____ Age _____ Male/Female _____ Date of Birth _____
 Street Address _____ Home Phone _____ Height _____
 City _____ Grade in Fall 2010 _____ School _____

List basketball experience: _____

Parent/Guardian Information

Father: _____ Phone: _____ Email address: _____
 Mother: _____ Phone: _____ Email address: _____
 Guardian: _____ Phone: _____ Email address: _____

Registration Fees

- Fees due June 1, 2010.
- All players who participated in the SAYBA Travel Program in the previous year will be assessed a late fee of \$25 if not postmarked by the deadline.
- Checks may be post-dated to September 1, 2010.
- Family maximum of \$280—all registrations must be returned together.
- Scholarships available for participants who demonstrate financial need.

4 th Grade	_____	Boys	_____	Girls	\$125	4 th grade includes cost of inhouse program.
5 th Grade	_____	Boys	_____	Girls	\$150	
6 th Grade	_____	Boys	_____	Girls	\$160	
7 th Grade	_____	Boys	_____	Girls	\$170	
8 th Grade	_____	Boys	_____	Girls	\$180	

**\$25 late fee after June 1
for returning players.**

Uniforms

5th-8th Grade

- 5th Grade ALL players receive NEW jerseys and shorts.
- 6th Grade ONLY players NEW to SAYBA receive jerseys and shorts.
- 7th Grade ALL players receive NEW jerseys and shorts.
- 8th Grade ONLY players NEW to SAYBA receive jerseys and shorts.

Adult Sized Uniforms

Jersey	S	M	L	XL
Shorts	S	M	L	XL

4th Grade

Youth Sized Uniforms				
Jersey	S	M	L	XL
Shorts	S	M	L	XL

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. The SAYBA board makes final coaching assignments.

Name _____ Head Coach _____ Assistant Coach _____
 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 _____