



FOXBORO YOUTH BASKETBALL ASSOCIATION 2017-2018

Participant Info:

_____	_____	_____	_____	_____	_____
Last Name	First Name	Grade	Date of Birth (mm/dd/yy)	Age (As of 9/1/17)	M/F
_____			_____		
Foxboro Street Address			Home Phone #		
_____			_____		
Father's Name			Mother's Name		
_____			_____		
Alternate Phone – Father (cell, work, etc.)			Alternate Phone – Mother (cell, work, etc.)		
_____			_____		
Email Address			Medical Problems? Please specify		
_____			_____		
Doctor to notify in an emergency – Phone #			Emergency Contact – Phone #		

Interested in volunteering? Coach _____ Assistant Coach _____ Referee _____

A SEPARATE REGISTRATION FORM MUST BE SUBMITTED FOR EACH CHILD

Are you registering more than one child? Yes _____ No _____ If YES, please list siblings:

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

Is your child participating in another sport during the 2017-2018 season?
 Yes _____ No _____ If yes, please indicate the sport: _____

Fees: Make Checks Payable to "FYBA"

Check those that are applicable:

_____ \$100 - One Participant	_____ \$200 – Two Participants	_____ \$250 – Three or more Participants
_____ \$30 – Boys Senior Division Referee Fee	_____ \$30 late fee (After 10/1/17)	

*NOTE: Road Team Fees and Uniform Charges Will Be Collected by Each Coach

Abide by Rules/Liability Waiver/Consent for Medical Treatment

I, the parent/guardian of the named participant(s), a minor, agree that I and the registrant will abide by the rules of Foxboro Youth Basketball Association (FYBA) and its affiliated organizations, leagues and sponsors. I recognize that there is the possibility of physical injury associated with playing basketball and in consideration of the FYBA accepting the participant(s) into its basketball program(s) and activities, I hereby release, discharge and/or otherwise indemnify the FYBA, its coaches, volunteers and board members and the FYBA's affiliated organizations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for the programs and activities, against any claim by or on the behalf of the participant(s) as a result of his or her participation in the FYBA's program(s) and activities and/or being transported to or from the same.

As Parent or Legal Guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

_____	_____	_____
Name	Signature	Date