

Pendleton Youth Basketball Association

800 SW Dorion

Pendleton, OR 97801

966 – 3466

www.pendletonhoops.com

2009 -2010 PYBA Registration

Mail the attached form to the address above; enclose a check or money order payable to: **PYBA**
Or Fill out attached form, **INCLUDE** payment and drop off at Deans Athletic Store

REMEMBER Registration Deadline is:

Saturday, November 14th

ALL Tryouts to be held at Sunridge Middle School-Saturday, Nov.14

SMS Large Gym Boys
3rd Grade Boys: 10:00-10:25am
4th Grade Boys: 10:30-10:55am
5th Grade Boys: 11:00-11:25am
6th Grade Boys: 11:30-11:55am

SMS Large Gym Girls
3rd Grade Girls: 1:00-1:25pm
4th Grade Girls: 1:30-1:55pm
5th Grade Girls: 2:00-2:25pm
6th Grade Girls: 2:30-2:55pm

NCAA and NBA players (3rd - 6th grades) who register before November 11th will be guaranteed a spot on a team AND will save \$10. All players will be notified of team assignment and practices by Nov. 20th. Games begin Dec. 5th and run through Feb. 6th.

Player's Last Name _____ First _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Birthdate _____ Age _____ Years of PYBA Experience _____

Father's Name _____ Email _____

Work Phone _____ Cell Phone _____

Mother's Name _____ Email _____

Work Phone _____ Cell Phone _____

Grade _____ SchoolName _____ Male _____ Female _____ Height _____ inches Weight _____ lbs.

Registration Fee: \$30= 1st Child Out of Pendleton School District Fee = \$35 Grades 3-6 ONLY
 \$25= additional children Out of District Players/Teams are accepted ONLY if there are openings available.
 Little Bucks Fee (1st and 2nd grades) = \$25 (No Try Outs; initial contact by Nov. 30th)

Amount Enclosed: _____ Cash _____ Check _____ T-shirt Sizes (Little Bucks League): Y-Sm _____ Y-Med _____ Y-Lg _____ A-Sm _____ A-Med _____ A-Lg _____

LEAGUE RELEASE: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the PYBA, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with basketball and in consideration for the PYBA accepting the registrant for its basketball programs and activities, I hereby release, discharge and/or otherwise indemnify the PYBA, its affiliated organizations and sponsors, their employees and associated personnel, including owners of the facilities used by the PYBA, against any claim by or on behalf of the registrant as a result of the registrant's participation in the PYBA and /or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent or legal guardian of the above named player, I hereby give 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. I do hereby consent in advance to such emergency care including first aid treatment, transportation to a medical facility, and hospital care as may be deemed necessary under the then existing circumstances by a duly licensed Doctor of Medicine or Doctor of Dentistry.

Name _____ Name _____
(Child's name-Please Print) (Parent/Legal Guardian—Please Print)

Parent Signature _____ Date _____

List any medical problem or prohibition player has _____

Name of Doctor _____ Phone _____

Name of Dentist _____ Phone _____

Emergency Contact _____ Phone _____

PARENTAL SUPPORT: We ask for active participation of all parents in our program. Please check area(s) in which you would be willing to help.

Coach _____ Assistant Coach _____ Team Parent _____