

2010 -2011 PYBA Registration

www.pendletonhoops.com

3rd - 6th grade boys & girls Season Dec. 4th - Feb 3rd

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 13th

ALL Tryouts to be held at Sunridge Middle School-Sat., Nov.13

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

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 _____

Registration Fee: \$35= 1st Child **Out of Pendleton School District Fee = \$40**
\$25= additional children *Out of District Players/Teams are accepted only if there are OPENINGS.*

Amount Enclosed: _____ Cash _____ Check # _____

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 PYB 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 registrants 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 _____