SOMERSET YOUTH BASKETBALL ASSOCIATION

P.O. BOX 343, SOMERSET, MA 02726

REGISTRATION FORM

YEAR OF SEASON: _____

PLAYER INFORMATION:

Player's Name _____ _____Boy _____Girl

Address _____

City _____ Zip_____

Date of Birth _____ Age as of Sept. 1_____ Grade_____

Parent's Name _____

Parent's Email(s) _____

Parent's Tel. Number(s)_____

Emergency Contact & Tel. Number(s)_____

Did the player participate in the league last year? ____ Yes ____ No

Does this player have any health problems? ____ Yes ____ No
If yes, please state what they are: _____

Will these health problems impact the player's ability to participate in competitive basketball games and practices? ____ Yes ____ No

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FEE INFORMATION:

- $150 for Junior & Senior Division
- $100 for Instructional Division
- $20 Late Fee per Child

Multi-child Discounts

- $25 discount for second child
- $50 discount for third (or more) child

Payment Method: Cash _____
Check (check number, if applicable) _____
Amount $_____

All fees must be paid at the time of registration.

Players will not be allowed to participate until all fees are paid in full. A charge of $15 will be assessed for all returned checks. For the Junior and Senior Divisions, if any player seeks a refund after the registration fee has been paid, he/she has until October 13th[t] to make the request in writing. For the Instructional Divisions, if any player seeks a refund after the registration fee has been paid, he/she has until November 9th to make the request in writing.

Are you interested in volunteering?

Coach	_____Yes	_____ No
Assistant Coach	_____Yes	_____ No

Would you like more information on sponsorship? _____Yes _____ No

PARENT/GUARDIAN AUTHORIZATION:

I, the parent/legal guardian of the player named above, hereby authorize and give my permission to said individual to participate in any and all Somerset Youth Basketball Association activities. On behalf of the above individual, I assume all risks and hazards incidental to such participation, including, but not limited to: participation in practices related to such activity; participation in games related to such activity; transportation to and from such activities, should same be necessary. I do hereby waive, release, absolve, indemnify and agree to hold harmless, the league organization, including but not limited to, the Board of Directors, the organizers, sponsors, supervisors, coaches, referees, participants, and persons transporting the player to and from said activities, for any claim arising out of injury to the player.

PARENT/GUARDIAN'S NAME: _____

SIGNATURE: _____ TODAY'S DATE: _____

CODE OF CONDUCT:

I have received and read the Somerset Youth Basketball Association's Code of Conduct. I agree to adhere to this Code of Conduct.

PARENT/GUARDIAN'S NAME: _____

SIGNATURE: _____ TODAY'S DATE: _____

COVID-19

I agree that my child and I will comply with state, local, and/or facility protocols and requirements due to COVID-19. I understand that these protocols and requirements may change throughout the season.

PARENT/GUARDIAN'S NAME: _____

SIGNATURE: _____ TODAY'S DATE: _____

FOR SYBA USE ONLY:

Completed Registration Form and Payment Received By: _____ Date: _____