Registration Form
2017- 2018

Please Print Clearly Today's Date _____

_____ _____
Child's Last Name Child's First Name

_____ _____ _____ _____
Sex M/F Date of Birth **Age as of 1/1/18** Shirt Size (Child/Adult size)

_____ _____ _____
Street Address City Zip

_____ _____ _____
Parent/Guardian Name(s) Phone Number Email Address

Medical Conditions (replies do not effect team placement)

_____
_____
_____

Fees:

- ☐ $75.00 one child
- ☐ $125.00 two children
- ☐ $175.00 family cap

Please Make Checks Payable to:
Centralville Basketball Association

Volunteer Information

- ☐ Head coach
- ☐ Assistant coach
- ☐ Time clock/scorebook keeper

Experience

_____
_____
_____

I, the undersigned parent or guardian, do hereby grant permission for my son/daughter to participate in the Centralville Basketball Association's recreational basketball league. I acknowledge and agree that in taking part in such activity, there is a possibility of physical illness or injury and that he/she is assuming the risk of such illness or injury by participating. I hereby grant consent for emergency medical care as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

I further agree to hold harmless the CBA, including it's directors, officers, coaches and assistant coaches, league representatives, and sites from all liability from any claim whatsoever, including any claim arising out of illness or injury incurred by participating during the course of any scheduled event including but not limited to practices, games, and/or other activities associated with the course of scheduled events.

_____ _____
Parent/Guardian Signature Date

For League Use Only

_____ _____ _____ _____ _____
Date Receipt number CBA staff Division of play in 2017-2018 Tryout Y/N