

SALISBURY YOUTH ASSOCIATION BASKETBALL 2009- 2010 REGISTRATION FORM

Players Name _____ Sex: Male _____ Female _____
(Last Name, First)

School _____ Grade _____ Date of Birth _____ Shirt Size _____

Parents/Guardians Name _____

Address _____
(Street) (City/State) (Zip Code)

E-Mail _____ Telephone # () _____ cell# () _____

SYA USE Fundraiser/Buyout Received _____ Cash _____
ONLY: League Age _____ Registration Received _____ Check # _____ Verified By: _____

I as the parent/guardian agree, on behalf of us and our child, to his/her participation in any and all activities of the Salisbury Youth Association during the current season relating to this program and agree to the following: **WE understand that there is a risk of injury involved in our child's participation in this sport, including related activities. WE assume all risks and hazards related to such participation and as a condition of participation release and completely give up the right to sue or bring any claim whatsoever against the SYA or anyone related to it arising out of our child's participation in this sport, including, directors, officers, managers, coaches, any other staff, or persons transporting our child to or from any SYA activity. WE agree to reimburse, indemnify and hold harmless the SYA and any persons related to it arising out of our child's participation in this sport for any damage or injury caused by us or our child related to such participation. WE agree to be sportsmanlike and cooperative in playing, fundraising, and all other activities and to be responsible for our good conduct and that of our child. WE agree to abide by the SYA Code of Conduct.**

Does your child have any history of illness/injury we should know about? (yes/no) _____

If yes, what is his/her history _____

In case of injury or emergency, do we have your permission to take your child, at our discretion, to a doctor or hospital? Yes or No (circle one).

If NO, a parent/guardian **MUST** be present at all events, including practices, for the child to participate.

Name of Medical/Hospitalization Insurance Company and Insurance group numbers.

INSURANCE NAME-- _____

GROUP NO. _____

Whether or not you have insurance, your signature indicates that you understand you are responsible for all expenses related to any injury to your child.

Signature of Parent/Guardian of Player _____

I have read, understand and agree to all terms and conditions.

Signature of Parent/Guardian of Player _____ Date _____

SYA PARENT PARTICIPATION & FUNDRAISER/BUYOUT INFORMATION

When you register your children to participate in one of our sports you automatically become a member of this Association. **All** members are obligated to fulfill a minimum of **six hours** volunteer service to the program for which you are registering.

Parents of all players in the Truman Kinderball and Truman League programs will be required to serve 1 to 2 times as a Truman Monitor during your child’s game or practice. The Truman Monitors will be responsible to ensure that all players and spectators (parents, friends, siblings, etc.) are abiding by the Truman rules of conduct. This is to provide a safe environment for the players and spectators and prevent damage to school property. Truman Monitor schedules will be developed immediately after team selections are completed. **An additional deposit of \$20 will be required for Truman Monitoring requirements**

All players are required to participate in fund raising efforts to help offset operating costs. All players shall participate in candy fundraiser purchase box of candy for \$50 to sell, or buyout for \$20, at registration.

A separate \$25 team shirt deposit check will be required from all participants when uniforms are distributed. Team shirts will be distributed during the first couple of practices after teams are selected. (A \$40 deposit check will be required for Jr. Cadet, Cadet & Knee-Hi boys traveling teams.) This check will be held as a deposit for the participant’s team shirt. Your deposit check will be returned when the participant’s shirt is returned in good condition after the season. If the team shirt is not returned in good condition, your deposit will be forfeited.

These conditions and rules are not intended to make things difficult, but to aid the SYA and the program director in seeing that everyone does his/her fair share so we can have a successful season. If payment of any check is refused, your child will not be allowed to participate until full cash payment and a \$25 returned check fee is received. Thank you in advance for your understanding and cooperation.

I have read the above paragraphs and fully understand and agree with them.

Signature of Parent/Guardian of Player_____ **Date**_____

PLEASE CHECK THE AREAS THAT YOU ARE INTERESTED IN HELPING WITH:

_____ **Head Coach*** – Responsible for instructing and managing a team

_____ **Assistant Coach*** - Assists the Head Coach; assists with all pre- & post-season activities

_____ **Timekeeper/Scorekeeper** - Helps keep time or score during games

* - Volunteers wishing to coach or assistant coach are required to submit an SYA Volunteer Application and Background Check Consent Form.