



Columbia Youth Basketball Association (CYBA)
Grades 8/9 Boys Individual Registration Form
 Email questions: cybahoops@yahoo.com or call (573) 875-8124
www.cyball.com

Registration Deadline: November 30, 2008

Player Information (PLEASE PRINT)

Name _____ Address/City/Zip _____

Home Phone _____ School _____ Grade _____ Sex: M F

Team Name _____ Coach _____

Uniforms

CYBA will provide each team player with a T-shirt. Adult sizes only S M L XL XXL (please circle choice)

Team Formation Guidelines

Eligibility

1. CYBA 8/9 League is open only to Columbia Public Schools and other private schools within the City of Columbia.
2. The league is open only to players who are not playing on their school team for the same school year.
3. If you were on the school team but suspended for any reason, you are **NOT** eligible for **ANY** CYBA 8/9 team play.

Team Formation

1. Players may form their own team and register as a team; however, each team **MUST** be prepared to assume a player who registers on their own.
2. Minimum of eight (8) players is needed on the team roster – no exceptions.
3. For those wanting to play with no team affiliation, CYBA will place you on a team.
4. In addition to a team registration form, **each** player must submit his own individual player registration form.

Adult Supervision

1. Each team must have adult representative/coach age 21 or older. The Adult representative/coach must be present at each game. **If the adult representative/coach isn't present by game time, the game will be forfeited.** This person must also fill out a team registration form before a team will be allowed in the league. The team registration form is available at www.cyball.com or Columbia Parks and Recreation.

1) Parent/Guardian Information (PLEASE PRINT)

Name _____ Address/City/Zip _____

Email _____ Work Phone _____ Home _____ Cell _____

2) Parent/Guardian Information (PLEASE PRINT)

Name _____ Address/City/Zip _____

Email _____ Work Phone _____ Home _____ Cell _____

NOTICE TO PARTICIPANTS, PARENTS AND GUARDIANS

Participants must recognize that all activities of a physical nature involve some risk and by registering for any activity of this nature, there is an assumption of risk by the participant. The Columbia Youth Basketball Association (CYBA) is dedicated to providing safe facilities and equipment for all participants. The CYBA, it's Coaches, Directors and Coordinators—along with the Columbia Parks and Recreation Department—assume no liability for personal injuries or loss of personal property of these persons participating in or attending CYBA activities. In the event of a serious accident or illness, it is the policy of the CYBA to:

1. Contact the Emergency Dispatch (911) to perform first aid and when necessary recommend transport of the victim to a hospital;
2. Contact the parent or guardian as soon as the situation allows. Persons desiring a different procedure must notify the CYBA in writing at the time of registration and also notify the coach of the team that the participant is on. Parents or Guardians who do not sign the waiver must be in attendance at all practices, games and related activities for their child to participate.

Print Child's Name _____ Parent/Guardian Signature (required for registration processing) _____

Please note any physical conditions that the coach needs to be aware of (asthma, seizures, etc.) _____

Emergency Contact: _____ Relationship _____ Phone _____

Doctors' Name _____ Phone _____ Preferred Hospital _____

Voluntary Parental Support

CYBA is a non-profit volunteer organization. In order to make the league successful, parental and community support is needed. Please check the area(s) you are able to help.

Team Parent

League Coordinator

Site Supervisor

Head Coach

Assistant Coach

Coaches and Assistant Coaches are subject to background checks. Signature and social security number required.

Signature _____

Social Security Number _____ - _____ - _____

Sponsorships

To keep player and team costs to a minimum, we seek sponsorships from area businesses and individuals. We also provide scholarships to children who otherwise would not be able to participate in CYBA. Your contributions are greatly appreciated.

Player Sponsor (\$60)

CYBA Scholarship Fund, I would like to donate \$5 \$10 \$20 \$25 other _____

A confirmation letter and proof of donation as a non-profit organization will be mailed for tax purposes, if requested.

Fees

Registration Deadline: November 30, 2008

\$ 500.00 Per Team** (Coach's Name who will submit team fees: _____)
**Teams MUST be prepared to assume a player who registers on their own if they submit a roster with less than 10 players.

IF PAYMENT IS NOT RECEIVED WITH YOUR TEAM'S ROSTER & INDIVIDUAL REGISTRATION FORMS, YOUR TEAM WILL NOT BE REGISTERED OR SCHEDULED TO PLAY. THERE WILL BE NO EXCEPTIONS TO THIS POLICY.

\$ 60.00 per individual (For those wanting to play with no team affiliation, CYBA will place you on a team.)

Please mail player registration form with payment to:

Columbia Youth Basketball Association (CYBA)

PO Box 30725

Columbia, MO 65205

REFERRALS NEEDED!! Do you know of a business or organization that is willing to sponsor a team? If so, please provide a contact name and number below as all referrals are greatly appreciated.

FOR OFFICE USE ONLY:

Player/Team Registration Fees: Date Received _____ Check/M.O. No. _____

Team Placement: _____

Notes: _____