



**Columbia Youth Basketball Association (CYBA)  
2008 – 2009 Grades 8/9 BOYS Team Registration Form  
Registration Deadline: November 30, 2008**

**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 teams and register as a team, however, each team **MUST** be prepared to assume a player who registers on their own.
2. A team roster must consist of a minimum of eight (8) players – 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. This form is available at [www.cybball.com](http://www.cybball.com), your school or Columbia Parks and Recreation.**

**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.**
2. 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.cybball.com](http://www.cybball.com) or Columbia Parks and Recreation.

**Team Name:**

**Player Team Roster Information (Please Print) Minimum of 8 players needed**

1. Player Name _____	Home Phone _____	T-shirt size _____
2. Player Name _____	Home Phone _____	T-shirt size _____
3. Player Name _____	Home Phone _____	T-shirt size _____
4. Player Name _____	Home Phone _____	T-shirt size _____
5. Player Name _____	Home Phone _____	T-shirt size _____
6. Player Name _____	Home Phone _____	T-shirt size _____
7. Player Name _____	Home Phone _____	T-shirt size _____
8. Player Name _____	Home Phone _____	T-shirt size _____
9. Player Name _____	Home Phone _____	T-shirt size _____
10. Player Name _____	Home Phone _____	T-shirt size _____

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

**\*\*Please rate your team on a scale of 1 – 10 on skill level (1= recreational and 10 = very competitive) 1 2 3 4 5 6 7 8 9 10**

Head Coach Name: \_\_\_\_\_ Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_  
 Cell # \_\_\_\_\_ Email \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Ass't Coach Name: \_\_\_\_\_ Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_  
 Cell # \_\_\_\_\_ Email \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**FEES: \$500.00 per team. Please mail team and individual player registrations with payment to:**

**CYBA  
P.O. Box 30725  
Columbia, MO 65205**

Registration Deadline: November 30, 2008  
 Questions: Email: [cybahoops@yahoo.com](mailto:cybahoops@yahoo.com) or Phone: 875-8124

**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.**

For office use only: Check No. \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Notes \_\_\_\_\_