



**Columbia Youth Basketball Association (CYBA)**  
**Grades 10 - 12 Boys Individual Registration Form**  
 Email questions: [cybahoops@yahoo.com](mailto:cybahoops@yahoo.com) or call (573) 875-8124  
[www.cyball.com](http://www.cyball.com)

*Registration Deadline: November 30, 2009*

**Player Information (PLEASE PRINT)**

Name \_\_\_\_\_ Address/City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M F

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 10 – 12 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 10 - 12 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](http://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

### Volunteer/Assistance

CYBA is a non-profit volunteer organization. In order to make the league a success, parental and community support is needed. Please check the areas you are able to help.

Fundraising     Head Coach     Ass't Coach

*The Head Coach and Asst. Head Coach will receive a T-shirt.      S M L XL XXL (Please circle size)*

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

Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_

### Sponsorship Opportunities

To keep player fees to a minimum, we seek support from area businesses and individuals for sponsorship of all teams. We also provide scholarships to children who otherwise would not be able to participate in CYBA. Your contributions are greatly appreciated.

**YES! I would like to sponsor my son or daughter's team (\$175 tax deductible donation)**

Sponsor Name \_\_\_\_\_ Sponsor Phone \_\_\_\_\_

Sponsor a Player (\$70) CYBA provides financial scholarships for those who cannot pay all or portion of fees.

Donate to the CYBA Scholarship Fund. I would like to donate \$5, \$10, \$20, \$25 \$50      Other \$ \_\_\_\_\_

Donate to the CYBA Building Fund. I would like to donate \$5, \$10, \$20, \$25 \$50 Other \$ \_\_\_\_\_

### **Fees (please check one)**

*Registration Deadline: November 30, 2009*

### **League play runs January through mid-March**

\$ 600.00 Per Team\*\* (Coach's Name who will submit team fees: \_\_\_\_\_)

\$ 775.00 Per Team\*\* (Team will choose team t-shirt color and name – please see team registration form for details)  
(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.**

\$ 70.00 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: \_\_\_\_\_