# MARLBORO YOUTH BASKETBALL

*Develop • Respect • Compete*

#_____

## 2016-2017 REGISTRATION FORM

**Please complete the following information, including jersey and short size.**

| Player's Name | | M / F Gender | Date of Birth |
|---|---|---|---|
| Address | City | State | Zip |
| Grade | School Attended | | # Years Played |
| Father's & Mother's Name | Email Address | | |
| Home Phone | Cell Phone | | Player Medical Conditions |

**Jersey Size**: Youth S M L **Shorts Size**: Youth S M L

*(circle one)* Adult S M L XL XXL *(circle one)* Adult S M L XL XXL

**Will your son/daughter need a new practice jersey*?** Yes No

* included in $160 registration fee for new players only; $10 extra for returning players

**If Yes, Top 3 Number Preferences***:* _____ _____ _____

**PARENT PERMISSION, RELEASE OF LIABILITY AND MEDICAL CONSENT FORM**

**I hereby consent to my dependent participating in tryouts/evaluations, practices and games as it relates to Marlboro Youth Basketball (MYB) and its entries in the South Central Massachusetts Basketball League (SCMYBL). I shall hold free and harmless MYB, SCMYBL, its coaches, directors and properties from any and all liability for personal injury that may occur during such participation. I further grant continuing consent for emergency medical care 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.**

**Parent Signature** **Date**

**IF WE ARE IN NEED OF COACHES AT YOUR CHILD'S GRADE LEVEL, WOULD YOU BE INTERESTED IN COACHING A MYB TRAVEL TEAM?** □ Yes □ No

**□ I grant permission to give my email address to local AAU Basketball organizations for the purpose of receiving information on those programs (i.e. AAU tryouts, Clinics, etc.).**