CONEJO YOUTH BASKETBALL ASSOCIATION

WWW.CYBA.ORG P.O. BOX 6966, THOUSAND OAKS, CA. 91359

CYBA 2011-2012 WINTER LEAGUE REGISTRATION

(NON PROFIT ID# 770108101 NOT AFFILIATED WITH THE CVUSD)

CYBA Winter League Evaluations will be held on Saturday 10/1, Saturday 10/15 & Sunday 10/16, 2011. Please visit www.cyba.org for times and locations. Teams will be formed by draft on Tuesday 10/18, 2011. Practices may begin Tuesday 11/1, 2011 and will be held during the week at either Redwood or Los Cerritos Middle Schools. League games begin on Saturday 12/3, 2011 with games being held on Saturdays at Colina, Los Cerritos, Redwood and Sequoia Middle Schools.

Players must be entering 1st – 12th grade for the Fall 2011/12 school year.
Refund requests presented with appropriate validation will be accepted prior to October 17, 2011.

PLAYER FEES ARE $185 PER PLAYER; 2nd PLAYER IN SAME FAMILY $160;
3rd PLAYER IN SAME FAMILY $135; FAMILY MAXIMUM $600
REGISTRATION MAY BE SUBMITTED ONLINE or MAIL COMPLETED FORM TO:

CYBA 2011/12 REGISTRATION
P.O. Box 6966, Thousand Oaks, CA 91359

Player Name	Age	Date of Birth	Male/Female
Address	City	State/Zip	Phone
School	Present Grade	Played CYBA (Yes/No)	Years Experience
Mother's Name	Home Phone	Work Phone	Email
Father's Name	Home Phone	Work Phone	Email

List dates/times of potential conflicts that could result in missed practices and games (soccer, etc.):

UNIFORM SIZE (circle): **Shirt:** YM YL AS AM AL AXL **Shorts:** YM YL AS AM AL AXL

I AM WILLING TO COACH GRADE LEVEL: _____ GIRLS and/or BOYS (circle)
Please contact: Tim Hanson (Girls Director) - tim.hanson@amgen.com or Bill Briggs (Boys Director) - billbriggs1@yahoo.com

I/WE the parents/guardian of the above named applicant, hereby give MY/OUR approval to his/her participation in any and all basketball activities during the current season. I/WE do assume all risks and hazards incidental to such participation including transportation to and from such activities; and I/WE do hereby waive, release, absolve, indemnify, and agree to hold harmless the local team, the Respective League and Conference; and any other organization that this program is affiliated with, the organizers, sponsors, supervisors, board members, coaches, managers, participants, and persons transporting MY/OUR child to and from such activities, for any claim out of injury to MY/OUR child.

MY/OUR child has the following physical handicaps, injuries, or allergies:
_____

In the event of injury to MY/OUR child (print full name): _____
I/WE hereby grant authority to any qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

The name of our physician is _____. Contact Number: _____

Our insurance company is _____. Our group number is: _____

I/WE have read the foregoing Parental Consent Release and Medical Treatment Release; I/WE understand them and sign them voluntarily.

_____

Parent Signature **Address** **Phone** **Date**