

**ROBBINSVILLE BASKETBALL ASSOCIATION
2011-2012 PLAYER REGISTRATION FORM**

FEE \$85.00 x ____ players = **TOTAL \$**_____ **Form of Payment:** Cash () Check () Check # _____

REFUND POLICY: 100% before Nov. 15th - 75% after Nov. 15th (payable to **R.B.A.**)

(1) PLAYER INFORMATION returning ____ new ____

Last Name _____ First _____ Date of Birth ____/____/____ Male ____ Female ____

Grade (Sept. 2011) _____ School _____

Shirt Size (circle one): **YS** (6-8) **YM** (10-12) **YL** (14-16) **AS** **AM** **AL** **AXL** **AXXL**

(2) PLAYER INFORMATION returning ____ new ____

Last Name _____ First _____ Date of Birth ____/____/____ Male ____ Female ____

Grade (Sept. 2011) _____ School _____

Shirt Size (circle one): **YS** (6-8) **YM** (10-12) **YL** (14-16) **AS** **AM** **AL** **AXL** **AXXL**

(3) PLAYER INFORMATION returning ____ new ____

Last Name _____ First _____ Date of Birth ____/____/____ Male ____ Female ____

Grade (Sept. 2011) _____ School _____

Shirt Size (circle one): **YS** (6-8) **YM** (10-12) **YL** (14-16) **AS** **AM** **AL** **AXL** **AXXL**

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name _____ Father/Guardian Name _____

Player's Mailing address _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact _____ Emergency Phone _____

VOLUNTEER INFORMATION

Head Coach _____ Child's Name _____ Division _____

Assistant Coach _____ Child's Name _____ Division _____

OTHER:

Equipment _____ (late Oct./early Nov.) **Player shirts** _____ (late Nov./early Dec.) **Photos** (mid Dec.) _____ **Trophies** (Jan.) _____
(help with prep, sort and distribution) (help with pick up, sorting and distribution) (help with order, pick up and distribution)

Name _____ Email: _____

Team Sponsor* Name _____ **Team Sponsor Child:** _____

(* Please complete separate sponsor form – sponsor fee \$150)

AUTHORIZATION

I give my permission for the above named minor to participate in all normal and usual activities associated with the R.B.A.. In the event of an emergency, accident, or injury, which occurs while my child/ren participate in or travel to or from a R.B.A. program and I am not present, I hereby give my permission for the adults representative of the R.B.A. to secure whatever medical hospital care that may be necessary and agree to be financially responsible for such care. I further hold the R.B.A., its representatives, organization and sponsors harmless from and indemnify against liability or loss incurred in connection with any injury to or as a result of any treatment rendered pursuant to the permission to participate for the minor named above.

**REGISTRANTS CANNOT PARTICPATE UNLESS THE ABOVE RELEASE IS SIGNED
BY A PARENT OR LEGAL GUARDIAN**

(DATE)

(PARENT or LEGAL GUARDIAN)