

**ROBBINSVILLE BASKETBALL ASSOCIATION  
2010-2011 PLAYER REGISTRATION FORM**

**FEE \$80.00** x \_\_\_\_ players = **TOTAL \$**\_\_\_\_\_ **Form of Payment:** Cash ( ) Check ( ) Check # \_\_\_\_\_

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

**(1) PLAYER INFORMATION** returning \_\_\_\_ new \_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Grade (Sept. 2010) \_\_\_\_\_ 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. 2010) \_\_\_\_\_ 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. 2010) \_\_\_\_\_ 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)