SANDWICH YOUTH BASKETBALL REGISTRATION FORM

2010 - 2011

On-line registration is available at: www.sandwichyouthbasketball.org

All Sandwich residents entering grades 1 thru 8 are eligible. All players must register in order to participate.

Player Application: *(please print clearly)* **Grade:** _____ **School:** _____ ☐ **Boy** ☐ **Girl**

Last Name: _____ **First Name:** _____

Address: _____ **Zip:** _____

Phone: _____ **Date of Birth:** _____

Email: _____

Mothers Name: _____ **Cell #:** _____

Fathers Name: _____ **Cell #:** _____

Lives with: ☐ **Family** ☐ **Mother** ☐ **Father** ☐ **Guardian**

Fee Schedule:**	**Prior to Sept 15th**	**Prior to Oct 4th**	**After Oct 4th**
1st Player	$75.00	$90.00	$100.00
2nd Player	$60.00	$75.00	$85.00
3rd player	$35.00	$35.00	$45.00
Family Max	$170.00	$200.00	$230.00

***** Registration for the 1st & 2nd Grade clinics is a $40 flat fee***

A walk-in registration will be held: **Monday, October 4th, 2010**
6:00pm - 8:00pm at All Cape Sports - 290 Route 130

This registration with payment can also be mailed to: **Sandwich Youth Basketball**
(Early registration discount of $15 applies if mailed prior to Sept 15th, see above) **P.O. Box 775, Forestdale, MA 02644**

Insurance Liability: *(Participation will not be permitted unless signed by parent or guardian.)*

Medical Comments: _____
(Allergies, restrictions, etc.) _____

I, the undersigned parent or guardian of the above player, certify that he/she is covered for injury under a private insurance policy.

_____ _____
Parent/Guardian Signature Date

Are you willing to coach? ☐ **Coach** ☐ **Assistant Coach**

Name: _____ **Phone:** _____

Would you like to be a team sponsor? **Name:** _____

Company: _____ **Phone:** _____

SYB Use Only Date: _____ Amount $ _____ Check # _____