

2011 / 2012 REGISTRATION FORM

Perkiomen Valley Youth Basketball (PVYB) League

One form per player Please print clearly

Player's Name: _____ Male Female

Name of Parents: Father _____ Mother _____

Other/Guardian: _____ Parent's Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Birthdate: _____ Height: _____ Grade: _____ School District: _____

Previous Basketball Experience: No Yes # of Years: _____

Interested in Travel Basketball, please check the box. The travel program is for both girls and boys from the ages 9 thru 12. An additional \$100 fee will apply for each player making a travel team.

Volunteer Sign Up Information

(Please include volunteer's name on line)

Coach _____ Asst Coach _____ Referee _____

REGISTRATION FEES: Please make check payable to PVYB
\$20 processing fee will be accessed for all returns/refunds

4th grade and younger: \$85.00

5th grade and older: \$95.00

Two Players \$150.00

Family \$175.00

Mail to: PVYB, P.O. Box 26255, Collegeville, PA 19426

REGISTRATION CLOSES: October 8, 2011

I know that participating in basketball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnity and agree to hold harmless the Perkiomen Valley Youth Basketball Association and its directors, officers, coaches, participants, and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or any other cause, except to the extent and in the amount covered by insurance. In the event of an emergency, I give my permission to league officials to secure emergency treatment from a licensed physician, or take my child to the nearest hospital for emergency treatment. I further acknowledge that PVYB League does not conduct any criminal background checks on its directors, officers, coaches, participants and persons transporting my child to and from activities. Despite the above, I normally permit my child to participate in the activities of said basketball league, and hereby waive, release and otherwise agree to hold harmless the PVYB League and its directors, officers, coaches, participants and persons transporting my child to and from activities for any claim arising out of any injury to my child.

Signature of parent or guardian: _____

Please indicate any physical limitations (allergies, hearing, etc): _____

Evening Conflict: _____ *(Only one conflict will be honored)*

Additional Information: _____

No play with request will be honored except for the Dribbler's Division

Emergency Contact (if parent or guardian cannot be reached):

Name: _____ Phone: _____ Relationship: _____

TEAM SPONSORSHIPS

We would like to support the league as a TEAM SPONSOR (Cost \$100.00)

Company: _____ Contact: _____

Phone: _____ Payment: _____ Tax ID: 55-0793713

Questions or more information go to website: www.pyvb.org