

OPTIMIST YOUTH BASKETBALL REGISTRATION

HS Boys 9/10 _____ HS Boys 11/12 _____ MS Boys _____ MS Girls _____ HS Girls _____

PLAYER'S NAME: (Please print) _____ **School:** _____

EMAIL: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

PHONE: _____ **Player Cell** _____ **Emergency:** _____

Prev Basketball Exp (years & type) _____ **GRADE:** _____ **HEIGHT:** _____

Parent's Names: _____

Special needs or requests*: _____

Medical Insurance Carrier and Number: _____

PARENTAL ACCEPTANCE: I give my child permission to participate in the Optimist Basketball program. I understand that there are physical risks in playing basketball and assume responsibility for any injuries that may occur and understand that the Optimist Basketball League **does not provide medical coverage**. I also agree to abide by the rules of the league and display a positive attitude at all times.

Parent Signature: _____ **Date:** _____

Registration Fee: \$ 80.00

Uniform Deposit: \$ 20.00 -----> 100% refundable if player returns uniform at end of season

Tax deductible donation: _____

Total Paid -----> _____ **Check #** _____ **Cash** _____

Checks payable to: **NAPA OYB**

*Please understand that we will make every effort to honor requests for particular coaches, teams or teammates but in our attempts to maintain competitive balance between the teams, this may not always be possible. Thank you for your understanding and cooperation.

VOLUNTEERS NEEDED: We cannot be successful without your help. OYB is the product of many volunteers helping our youth. Without your help and support we could not continue to function. Please sign up to help in one of the following ways: Coach/Asst coach: _____ Team Parent: _____ Scorekeeper/Clock _____ (we will teach you how). Name: _____ Phone: _____

SEND FORM TO: NAPA OYB, PO BOX 10032, NAPA, CA 94581