



# Miamisburg Basketball Association

P.O. Box 1352 Miamisburg, OH 45343-1352

www.miamisburgbasketballassociation.com

## ONE CHILD PER FORM

Instructional (1st - 2nd Graders)       Rec (3rd - 6th Graders)       Select (3rd - 6th Graders)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex: M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date Of Birth: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent Or Guardian Name \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Complete The Following If A Parent Has A Different Address Than Above:**

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Home Phone \_\_\_\_\_

Did Your Child Play In The MBA Last Year? Yes  No

Do You Wish Siblings In The Same Age Division To Play On The Same Team? Yes  No  Not Applicable

If Yes, Name Of Sibling(S): \_\_\_\_\_

**Uniform Shirt Size:** Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL Other \_\_\_\_\_  
(Circle One)

**Due to the size of the MBA program, adult assistance is vital to its success; therefore, all parents are urged to help in at least one area. Parents, please mark one or more of the following:**

Coach  Assistant Coach  Sponsor  Board Member  Scorekeeper  Tournament Director  Team Mom/Dad  Official   
Sub Committee Member  Site Manager  Other  \_\_\_\_\_

Does Your Child Have Any Physical Handicaps Or Medical Conditions Which The Coach Should Be Knowledgeable?

Yes  No  If Yes, Please Explain: \_\_\_\_\_

Name Of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

In The Event Of A Medical Emergency, Contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby agree that the MBA, its members, coaches or officers shall not be liable for any injury or losses which my child may sustain while performing activities of any kind, whether sponsored by or under the supervision of the MBA, and I agree to indemnify and hold harmless the MBA, its members, coaches, officers, sponsors, or designates of any kind of claim whatsoever. I hereby agree that I shall be responsible for any and all debts or financial obligations that the above named child incurs through registration fees, photography payments and/or fund-raiser sales and that I shall pay any and all said financial obligations by the end of February of the registration year. Furthermore, if my child sustains an injury while performing in activities of any kind, I hereby authorize the coach or his/her designated representative to obtain medical attention as my child may need for an emergency; and I agree to be responsible for any and all expenses incurred as the result of any medical or hospital charges for my child's treatment in the event the MBA or its representative is unable to contact me or my child's physician designated above.

Signature Of Parent Or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Registration Fees	Payment Method (Check#/Cash)	Board Member Sign	Date
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Team \_\_\_\_\_ Number \_\_\_\_\_ Coach Name \_\_\_\_\_ Phone # \_\_\_\_\_