

Registration 20 _____ Season

Recreational

Select

Volunteer



Miamisburg Basketball Association

P.O. Box 1352

Miamisburg, OH 45343-1352

www.miamisburgbasketballassociation.com

Last Name: _____ First Name: _____ Sex: M F

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ School/Grade: _____

Parent or Guardian Name: _____ Email address: _____

Cell Phone: _____ May we **text**: Yes No May we **email**: Yes No

Complete the following if the parent has a different address than above:

Address: _____ City/State: _____ Zip: _____

Do you wish siblings in the same age division to play on the same team? Yes No

If yes, name of sibling (s): _____

Emergency Contact Information: Name: _____ Phone: _____

Uniform Shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL Other: _____

Interested in contributing to our program in some way? Coach Assistant Coach Sponsor Board Member Referee
Other: _____

List all known allergies, diagnoses, special needs, physical limitations or health conditions: Not Applicable

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 before the first game of the basketball season. 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.

I grant permission to photograph my child during MBA activities. These photographs will remain the property of the MBA and may be used in advertising or marketing campaigns on the MBA's website or Facebook page, and for promotional and informational material including, but not limited to, flyers, brochures, newsletters, emails, or advertisements. I understand that my child will not be identified by their name unless I give my express permission. I hereby waive and release on behalf of child, any rights to compensation for, or ownership of, such images.

I grant permission to the MBA, a non-profit corporation, to email and/or text my provided email address and/or cell phone number for the sole purposes of communication in regards to the MBA program. I understand this is completely voluntary and that email and/or text messaging rates & fees may apply as determined by my email and/or cellular provider. The MBA is in no way responsible for any fees charged to me by my email and/or cellular provider. If at any time I wish to discontinue receiving email/text messages from the MBA, I will contact the Board to initiate the proper steps to stop all communication via email and text.

Signature of Parent or Guardian: _____ Date: _____

Registration Fees	Payment	Board Member Signature	Date
-------------------	---------	------------------------	------