

Smithsburg Youth Athletics

2009 Middle School Basketball Registration

Participant's Last Name:					
Participant's First Name:		Male or Female			
Date of Birth:		Grade (Fall 09):			
Street Address:					
City:		State:		Zip:	
Home Phone:					
Family E-mail Address:					

T-Shirt Size:										
Youth-M		Youth-L		Adult-S		Adult-M		Adult-L		Adult-XL
Mother's Name:										
Work/Cell Phone Number:										
Father's Name:										
Work/Cell Phone Number:										
Emergency Contact:										
Phone Number:										
Insurance Company:										
Policy Number:										
Child's Medical Conditions:										
Volunteer Interest:		Sponsorship:				Coach:				

Check One: TRAVEL _____ INTRAMURAL ONLY _____

REGISTRATION DEADLINE: OCTOBER 24th, 2009

Registration Costs: **\$35.00** / additional fee collected from travel players

Please make check payable to: SYA
Mail to: SYA Middle School Basketball P. O. Box 21 Smithsburg, MD 21783

Visit us @ smithsburgyouthathletics.org Phone Number: 301-824-7707

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Liability Release Statement: I hereby grant permission for the above named child to participate in Smithsburg Youth Athletics during the 2009 season. I accept full responsibility for their conduct, behavior and release SYA, coaches and officials of any responsibility for accident or injury. I further grant permission for emergency first aid to be administered, and if deemed necessary, I grant permission for said youth to be transported to an emergency room, and authorize medical staff to provide treatment.

Signature: _____ Date: _____