

**PEACHTREE CITY YOUTH BASKETBALL ASSOCIATION**  
**ADVANCED PROGRAM Registration Form**

NAME OF TEAM \_\_\_\_\_ AGE DIVISION \_\_\_\_\_

AAU or YBOA Club Code or Association # \_\_\_\_\_ Boys or Girls \_\_\_\_\_

HEAD COACH \_\_\_\_\_ NYSCA # \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

TEAM ROSTER	PARENT SIGNATURE	DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

OTHER COACHES \_\_\_\_\_

By signing on the line next to my child's name, we, the parents do hereby give my/our approval to his/her participation in the Advanced Program being conducted by the Peachtree City Youth Basketball during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities, and I do hereby waive, release and agree to hold harmless the PTCYBA, the organizers, officers, directors, participants, and persons transporting my child to/from activities, from any claims arising out of any injury to my child. I give permission to the person in charge of the activity to take my child to the doctor or hospital/clinic in case of injury.

CHECK NO. \_\_\_\_\_ AMT. \_\_\_\_\_ REC'D BY \_\_\_\_\_