

# Cowan Heights Youth Basketball League (CHYBL)

## 2017/18 Registration Form

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### Player Information (Mandatory Information)

Name		Age	Gender
Address		DOB	
City	Postal Code	Phone	
MCP #		MCP Expiry	
School		Grade	

Does this player require a jersey(Y/N)? \_\_\_\_\_ Size?(circle one): YS, YM, YL, YXL, AS, AM, AL or AXL

Is this player returning from last session?(2016/17) \_\_\_\_\_

Does this player have **OTHER** prior basketball experience? \_\_\_\_\_

If so, please provide some detail and rate their ability, where (1 = Strong and 5= Beginner)

Special Requests (We will try our best to accommodate special requests to play with maximum of 2 other players and/or a certain practice day. Please ensure the special requests are completed by all those players as well. As well, please indicate if you prefer a particular practice day when more than one day is indicated on the Tentative Schedule.):

### Parent (Legal Guardian) Information

Name	Phone 1	
Relationship	Phone 2	
email address		

Name	Phone 1	
Relationship	Phone 2	
email address		

Does this player have any Medical Conditions which CHYBL should be aware of OR that may affect their participation in the league? If so, please provide details below.

### EMERGENCY CONTACT (Please provide someone other than those listed above)

Name	Phone 1	
Relationship	Phone 2	

Are you interested in co-coaching your child's team? \_\_\_\_\_

Are you interested in being a divisional convener? \_\_\_\_\_

Are you interested in serving on the league executive? \_\_\_\_\_

Are you interested in volunteering any time with CHYBL? \_\_\_\_\_

If you are volunteering, please complete the 'CHYBL Coach-Convener Form 2017 -18'

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cheque: \_\_\_\_\_ Cash: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**Refund Policy: No refunds will be given after the first scheduled game unless for medical reasons and approved by the league executive.**

**No refunds will be given after the 5<sup>th</sup> scheduled game regardless of medical reasons.**