

## 2019-2020 Baldwin Association for Youth Basketball Boys In-House Basketball League

**3 Age Divisions\*:** 3<sup>rd</sup> and 4<sup>th</sup> grade • 5<sup>th</sup> and 6<sup>th</sup> grade • 7<sup>th</sup> and 8<sup>th</sup> grade \*Determined by grade during current (2019-2020) school year

Practice will begin in November. All players receive a team t-shirt and all players in 3rd,  $4^{th}$  grade receive a basketball.

## In-person registration

Harrison Middle School Gym lobby

SEPTEMBER 9th, 16th, 23rd 7:30-9:00pm

## Mail-in registration:

BAYB, 4535 Norwin Road, Pittsburgh, PA 15236

Checks payable to B.A.Y.B. Cost: \$100 per player or \$150 family maximum

Mail-in registration deadline- November 1, 2019

|   | Tear off this portion                        |  |  |
|---|--|--|--|
| Cash Check#                             | Player Information                           | Interested in volunteer coaching  Interested in team sponsorship |  |
| Name:                                   | Home Phone#                                  | Cell#  |  |
| Address:                                | Zip:   |  |  |
| Email Address (required):               |  |  |  |
| Birthdate:                              | Age: Grade and School: _                     |  |  |
| Emergency Contact:                      | Phone# _                                     |  |  |
| Medical Insurance Provider:             |  | Phone#   |  |
| Physician's Name and Phone              | #  |  |  |
|   | Player Height and Weight:                    | <del></del>  |  |
| * please note: t-shirt size is not guar | anteed. It is used as a guide for ordering** |  |  |
|   |  | Baldwin Association for Youth Basketball Boys in-hol             |  |

Parent/Guardian Authorization: I hereby approve of my son to participate in the Baldwin Association for Youth Basketball Boys in-house league and certify that he is in good health and able to participate in program activities. I authorize that the program directors act for me according to their best judgment in any emergency requiring medical attention, for which service I shall pay. I also agree to release, waive, and discharge the Baldwin Association of Youth Basketball of any responsibility in the case of an accident or injury.

| Parent/Guardian Signature: | Date: |  |
|----------------------------|-------|--|
|                            |       |  |