



**Arlington Heights Youth Basketball Association**  
 P.O. Box 463 • Arlington Heights, IL 60006  
 Phone: (847) 253-2780 • Fax: (847) 253-2820  
 Visit our website at: [www.ahyba.org](http://www.ahyba.org)

OFFICE USE ONLY	
Reg. #	_____
Payment Amt.	_____
Date	_____
Check No.	_____

## REGISTRATION FORM 2010-2011 SEASON

Player's Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Parents Cell or Work Phone: \_\_\_\_\_  
 Parents or Guardian's Names: \_\_\_\_\_  
 Grade Level: \_\_\_\_\_ Boys/Girls: \_\_\_\_\_ School: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Registration Fee: 3rd Grade - \$140.00; 4th - 8th Grade - \$150.00; High School - \$150.00 — THERE IS A \$10.00 ADDITIONAL FEE FOR NON-ARLINGTON HEIGHTS RESIDENTS - THERE WILL BE A \$15.00 PROCESSING FEE FOR ALL REFUND REQUESTS AND NO REFUNDS WILL BE GIVEN AFTER EVALUATION DAY (EXCEPT FOR INJURY).**

**IMPORTANT INFORMATION:**

- 1) Participation in AHYBA high school league, while a member of your school team, may be a violation of IHSA regulations. Please be advised that AHYBA rosters will be made available to high school administrators.
- 2) Enrollment limits shall be 180 for 3rd grade and 160 for all other grades.  
**PLEASE USE ONE FORM PER PLAYER AND RETURN TO: AHYBA, P.O. Box 463, Arlington Heights, IL 60006**  
**Pre-Registration Deadline is 9/9/10**
- 3) Registration priority shall be given to Arlington Heights residents.

**PARENTAL PARTICIPATION**

Participation in the AHYBA program requires the parent or guardian of each player to participate in a league assigned job including coaching, hall monitor, scorekeeping or timekeeping.

I hereby agree to accept such an assignment. I understand that failure to participate will result in an additional assessment of \$50.00.

Parent's Signature \_\_\_\_\_

*I am willing to work in the following capacity:*

- |                                       |  |                                      |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> COACH        | <input type="checkbox"/> ASSISTANT COACH | <input type="checkbox"/> SCOREKEEPER |
| <input type="checkbox"/> HALL MONITOR | <input type="checkbox"/> TIMEKEEPER      |                                      |

**Do you know a qualified individual who might be interested in coaching in our program? Please indicate their name and number below:**

\_\_\_\_\_

I, THE UNDERSIGNED parent/guardian of the youth named below, for and in consideration of his/her being permitted to participate in the activities of the Arlington Heights Youth Basketball Association during the current season, do hereby agree to release, absolve, indemnify, and hold harmless said association, its organizers, sponsors, officers, directors, supervisors, and all persons providing transportation to or from its activities, of and from any and all claims, actions, or causes of action of any nature arising out of, or in the course of, such participation, including, but not limited to, practice sessions, games, contest, and transportation to or from any such activities.

I so herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_