

WWW.DAYBA.ORG
Duluth Amateur Youth Basketball Association (DAYBA)
Boys & Girls City-Wide Recreational Basketball 2016-17
for Grades 5/6 and 7/8

Parent/Player Contract

PLAYER NAME: _____ SHIRT SIZE: ADULT S M L
YOUTH S M L
Please Print Last First M Initial

ADDRESS: _____ ZIP: _____

BIRTH DATE: _____ SCHOOL: _____ GRADE: _____ BOY ___ GIRL ___

SCHOOL ATTENDED LAST YEAR: _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

PARENT/GUARDIAN EMAIL: (please write clearly) _____

Emergency Contact Name/Number: _____

If possible, I would like to be on the same team as: _____

I hereby agree to participate in the Duluth Amateur Youth Basketball Association and to fully comply with the rules and regulations of the association. Being familiar with the methods of conducting such sports, and the risk of physical injury, I hereby waive, relinquish, and release any and all claim to damage which may be sustained in connection with, or as a result of, engaging as an athlete in such activities. This release applies to the City of Duluth and the Recreation Department, Independent School District 709, D.A.Y.B.A., and its coaches, referees, sponsors and Board of Directors.

_____ Signature of Parent or Guardian	_____ Date	_____ Signature of Player	_____ Date
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Activities such as this depend on volunteers to be successful!

I WOULD LIKE TO (circle) : COACH ASSIST COACH

Make checks payable to DAYBA

Registrations can be mailed to: DAYBA * 310 N. 1ST Ave. W., Room 109 * Duluth, MN 55806

Payment Amount \$ _____ Cash _____ Or Check _____ (Check # _____)

Notes:

Signature of League Representative

Player Participation Fees:

\$80

(10-game schedule + end-of-year tourney)

Families with more than one child participating will receive a \$10 discount for each additional family member.

Fee includes player's game jersey.