

CONLEY-DRENNAN YOUTH BASKETBALL ASSOCIATION (CDYBA)

BOYS REGISTRATION FOR 2020-2021 SEASON

Please print clearly so we get the correct information. Thank you.

Player Name: _____ Grade: _____

Parent Guardian Name: _____ Phone: _____

Address: _____ City: _____ ZIP: _____

Email: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Player's T-Shirt Size _____ Short Size _____

Shirts and shorts are available in Youth Small (YS), YM, YL & Adult Small (AS), AM, AL, AXL

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I, the parent/guardian of _____ do hereby give my permission for my son to participate in youth basketball for the CDYBA. Recognizing the possibility of injury associated with the participation in basketball, I knowingly and freely assume all risks, known and unknown, and assume full responsibility for his participation. I understand that while participation may pose dangers and risks of possible exposure to and illness from infectious diseases, including, but not limited to influenza and COVID-19. I do hereby release, discharge and/or otherwise indemnify the Allegheny Valley School District and any coaches, referees, officers and directors of the Conley-Drennan Youth Basketball Association of any liability incident of my minor child's involvement or participation in this activity.

Signature of parent/guardian _____ Date: ___/___/___

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Send info to Bill Leahy leahywe@comcast .net, or call 412-491-5430 or 1107 Walnut St. 15144

Form must be signed and returned to coach before participation is permitted.