



Albany Boys Basketball Association

ABBA

Player Registration Form 2009-2010

Name _____

Parent/Guardian Names _____

Address _____

Phone: Home _____ Cell _____ Work _____

Email Address: _____

Grade _____ School _____ Age _____ Birth date _____

_____ My child is new to the ABBA Program this year and will need a jersey.

_____ My child played ABBA last year and would like to purchase an additional jersey. **Additional:** \$15 shorts \$35 Jersey

_____ My child played ABBA last year and does not need an additional jersey.

Number Preference for Jersey _____ **Youth Size** _____ **Adult Size** _____

Shirt Size S M L XL XXL

Shorts Size S M L XL XXL

Volunteering

As a parent you are required to volunteer during the 2010 ABBA Tournament on January 30, 2010 or to assist by coaching, becoming a team representative or board member. You will be contacted regarding timeframes and responsibilities at a later date.

Emergency Information

Name _____

Telephone: Home _____ Cell _____ Work _____

Address _____

Physician or Clinic _____ Phone _____

Family Physician _____

Phone _____

Family Dentist _____ Phone _____

Health Insurance(Carrier, Insured's Name, Policy Number) _____

Medical Information

Have you ever or do you now have any of the following? If yes, please explain (use back if needed)

_____ Seizures _____ Diabetes _____ Asthma _____ Heart Trouble _____ Nosebleeds _____ Blurred Vision _____ Frequent Headaches

_____ Recent hospitalization/surgery _____ Other health issues _____ Dietary Restrictions _____ Allergies:

_____ Others/Explanations _____

Will you be using any medication while being on the traveling teams with ABBA? If yes, please explain what it is, why you are taking it and how it is administered.

I give my permission for emergency medical procedures to be administered, if I cannot be contacted in the event of an emergency.

_____ Date _____

Parent/Guardian's Signature

Waiver and Release

I the undersigned, hereby waive any claims against the Albany Boys Basketball Association (ABBA), Albany Area Schools and Albany Area Community Education and other parties associated with the traveling team, arising out of my participation in their events.

_____ Date _____

Player's Signature

_____ Date _____

Parent/Guardian's Signature

Registration Fee: \$165 for all players/grades. Please make checks payable to ABBA. Deadline: Friday, October 16.

This fee is used for funding tournaments, equipment, gym rental and a jersey/shorts for first time participants. Mail completed form and fee to: Albany Area Community Education, PO Box 330, Albany, MN 56307. 845-2171, ext. 5060

www.orgsites.com/mn/abbp/index.html

DRAFT