



**SUMMER 3<sup>rd</sup> grade through HS WEEKNIGHT LEAGUE**

**1. Players Information:**

Name: \_\_\_\_\_ Sex: M or F

Parent 1): \_\_\_\_\_ Parent 2): \_\_\_\_\_

Contact Ph #1): \_\_\_\_\_ Ph #2) \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Birthdate:** \_\_\_\_\_ **Current age:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Current grade** \_\_\_\_\_

**3. ATHLETIC BACKGROUND: (Please be as accurate as possible)**

**Skill Level from (1-10)** \_\_\_\_\_ (1=never played – 10=best in league)

**Has your player played for CYBL? Y/ N Last season played:** \_\_\_\_\_

**Years/Seasons on team:** \_\_\_\_\_ (CYBL and other leagues)

**Position(s) played:** GUARD / FORWARD / CENTER

**HT:** \_\_\_\_' \_\_\_\_" **WT:** \_\_\_\_\_ lbs

**4. Player/Team/Coach Request**  
You may indicate a specific request. However you are acknowledging that CYBL never guarantees team placement and a refund will not be given if your request is not honored. SKILL EVALUATIONS ARE MANDATORY!!

**5. Volunteer: (Circle One)**  
 Head Coach  
 Assistant Coach  
 Head Coach-if short  
 Team Parent  
 No thank you

**6. Agreement, Waiver & Release:** I/we the parents/guardian of the above player give my/our permission to participate in any activities & events. I/we know that participation in basketball may result in serious injury & we waive, release, absolve, indemnify, and agree to hold harmless California Youth Basketball League, the organizers, board members, sponsors, supervisors & participants for any claim arising out of any injury to my/our child whether the result of negligence or any other causes. It is understood that these activities involve an element of risk of accidents & knowing those risks. I/we hereby assume those risks. It is further agreed that this waiver, release & assumption of risk is to be binding on my heirs & assigns. I will also abide by all league rules. By signing I also agree to follow CYBL'S code of conduct. I/we acknowledge that player's age and grade level information is factual and accurate. I/we acknowledge that I am responsible to view the leagues website and any information (i.e. welcome letter, handouts, schedules & policies) pertaining to the league activities. Failure to follow league rules can result in my child's or my dismissal from the league indefinitely.  
**I UNDERSTAND CYBL HAS A NO REFUND POLICY.**

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**7. Divisions by current GRADE Level: (Circle One)**

3 <sup>rd</sup> /4 <sup>th</sup> Grade	\$130
5 <sup>th</sup> /6 <sup>th</sup> Grade	\$130
7 <sup>th</sup> /8 <sup>th</sup> Grade	\$130
HS Boys	\$130

**8. Uniforms: \$45**  
 First time players must purchase a uniform

**Jersey: (circle one)**      **Short: (circle one)**

Youth Small	Youth Small
Youth Medium	Youth Medium
Youth Large	Youth Large
Youth X-Large	Youth X-Large
Adult Small	Adult Small
Adult Medium	Adult Medium
Adult Large	Adult Large
Adult X-Large	Adult X-Large
Adult XX-Lg(add \$2)	Adult XX-Lg(add \$2)

**9. Fees:**

**Registration:** \$ \_\_\_\_\_

**Uniform:** \$ \_\_\_\_\_

**Discounts Include:** (check if applicable)

**Sibling Discount:**  
 2<sup>nd</sup> Child \$-10     3<sup>rd</sup> Child \$-10

**Discount for Returning CYBL Head Coaches ONLY**  
**Discount per team(s) coached:**  
 Non-Competitive \$-15     Competitive \$-25

**Discount:** \$ \_\_\_\_\_

**Late Fees:** \$ \_\_\_\_\_  
 (Late fee may apply depending on date received)

**Total Fees:** \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: HOPE HOUSE SPORTS**

**CONTACT US:**  
 916.391.3900(main)  
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[info@cybhoops.com](mailto:info@cybhoops.com)

**FOR OFFICE USE ONLY:** Updated: 4/20/17

Check/M.O. # \_\_\_\_\_ Cash \$ \_\_\_\_\_ Crdt//Dbt

Name on Card \_\_\_\_\_

CC# \_\_\_\_\_

Exp \_\_\_\_\_ Sec Code \_\_\_\_\_ Rcvd By: \_\_\_\_\_

CC Trans# \_\_\_\_\_ Date \_\_\_\_\_

Total \$ \_\_\_\_\_ Verified by \_\_\_\_\_