

EDISON TOWNSHIP YOUTH BASKETBALL

P.O. Box 421 Edison, NJ 08818

Tel: 732-549-2221

WEBSITE: www.Etyb.org

REGISTRATION FORM

CHILD'S NAME _____ Date of Birth ____/____/____

CHILD'S GRADE IN SEPTEMBER 2011 (Grade) _____ MALE _____ FEMALE _____ (PLEASE CHECK ONE)

STREET ADDRESS _____ PARENTS / GUARDIANS (1) _____

TOWN _____ ZIP CODE _____ (2) _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

PARENT/GUARDIAN OCCUPATION _____

SCHOOL AS OF SEPTEMBER 2011 _____ E-MAIL _____

PHYSICAL INFORMATION THE LEAGUE SHOULD KNOW ABOUT YOUR CHILD (EG. GLASSES, ASTHMA, DIABETIC)

**** MAILED REGISTRATION MUST BE POSTMARKED BY JUNE 30, 2011 TO AVOID \$25 LATE FEE ****

PARENT/GUARDIAN MUST CHECK ONE

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> HEAD COACH – requires RUTGERS certification*
Date Certified _____ | <input type="checkbox"/> REGISTRATION | <input type="checkbox"/> PHONE COORDINATOR |
| <input type="checkbox"/> ASST COACH - requires RUTGERS certification*
Date Certified _____ | <input type="checkbox"/> UNIFORMS | <input type="checkbox"/> SPECIAL EVENTS |
| <input type="checkbox"/> TEAM PARENT – assist coaches in managing the team | <input type="checkbox"/> MAILINGS | <input type="checkbox"/> All-Star game |
| | | <input type="checkbox"/> Team Competition |

*RUTGERS Certification: RUTGERS certification clinics will be offered by the league in the fall. Prior experience coaching or playing is not required. Rutgers Certification cost is \$25 for lifetime certification.

REGISTRATION FEES

AGES 6 & 7 (CLINIC)..... \$60.00 _____
AGES 8 THRU HIGH SCHOOL \$110.00 _____
SECOND CHILD..... \$65.00 _____
ADDITIONAL CHILDREN..... \$55.00 ea _____
TRAVEL SURCHARGE – will be assessed after your child has been selected for a travel team.
Total Amount _____

WORK BOND FEE

Amount **\$50.00** (Separate Check Please)

(not required for age 6 & 7 clinic)
Work bond is refundable if volunteer work for the league is performed. Refundable work bond fee will be rolled over each year your child re-registers to participate in ETYB. Refund will be available one month after the start of the season following the last season your child participates. Requests for work bond refund must be made in writing to ETYB.

PAYMENT RECEIVED BY _____
Check # _____ Amount _____
Check # _____ Amount _____

IMPORTANT INFORMATION , PLEASE READ CAREFULLY AND SIGN WHERE INDICATED.

1. Team requests will not be accepted except for siblings in the same age group.
2. All players must wear the league issued shirt (no cut sleeves) and shorts in order to play in the league games.
3. ETYB is using an open draft policy. It is the coaches' discretion when drafting players whether his/her team ends up being predominantly north or south or a mix of both.
4. Tryouts are mandatory for every child in the Rookie, Minor, and Major divisions.
5. Once your child is a member of ETYB you will be responsible for dropping off and picking up your child on time for all practices and games. You will set a good example as a spectator by conducting yourself in an orderly manner at all times. No abuse or criticism of the Referees, Scorekeepers, Coaches or Players will be tolerated. The same behavior is expected from players as well. By signing below you acknowledge that this form is completed correctly and that you have read, understand and accept the above conditions and now give your permission for your child to participate in all ETYB activities. The league reserves the right to suspend and/or eject any Player/Adult/Spectator for violation of these conditions.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____