

# MAYB Registration Form

## Registration Instructions:

1. Complete registration form and sign.
2. Complete tournaments selection form by checking tournaments you wish to attend
3. Complete roster form
4. All forms and money must be received to be considered entered.
5. All teams will receive a tournament verification form in the mail or via email within 3 days of registration. Please check this form for accuracy. Please contact our office if you do not receive notification from our office verifying your entry and your tournaments.
6. See fee schedule.

MC  VISA  DISCOVER CSV#: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Team Name: \_\_\_\_\_

Coach: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## GRADE LEVEL

Please circle one. MAYB reserves the right to combine grade divisions if necessary. No team would ever play more than one grade division up or down.

**Boys:**            1st   2nd   3rd   4th   5th   6th   7th   8th   9th/10th   11th/12th

**Girls:**           1st   2nd   3rd   4th   5th   6th   7th   8th   9th/10th   11th/12th

**ENTRY LEVEL**

Please circle your competitive level. A rating of 10 is the most competitive team ranking. In events with enough teams A, B, and possibly C brackets will be used to divide competition levels.

Please contact our office if you have a question concerning your rating.

**Level:** 10    9    8    7    6    5    4    3    2    1

**TEAM CONTACT**

Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**RELEASE**

In consideration of being allowed to participate: I, \_\_\_\_\_ the undersigned representative of above listed team, waive all claims for injury, accident, or loss of any kind and hereby release Mid America Youth Basketball and all associated gymnasiums, their employees, member and representatives from any claims. In addition, I verify that all information contained on this form is accurate.

Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL REQUESTS**

We will attempt to honor special requests for scheduling, We can't guarantee that they can always be met, but we will try. Please list below.

**TOURNAMENTS**

Tournament Name: \_\_\_\_\_

Tournament Name: \_\_\_\_\_

Tournament Name: \_\_\_\_\_

Tournament Name: \_\_\_\_\_



