

# CENTRAL BASKETBALL ASSOCIATION REGISTRATION FORM

BOYS AND GIRLS IN GRADES 7 AND 8  
*ENROLLED IN THE 2016-17 SCHOOL YEAR*

Participant Name \_\_\_\_\_ Boy or Girl (circle) \_\_\_\_\_ Grade in '16-17 \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ E-mail address \_\_\_\_\_

Mom's Home Phone \_\_\_\_\_ Dad's Home Phone \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Other than parents, when parents cannot be reached.)

Does the participant have any known health problems that may hinder participation? \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

T-Shirt Size (ADULT sizes):      Adult Small      Adult Medium      Adult Large      Adult X-Large (circle one)  
(YOUTH sizes):                      Youth Medium                      Youth Large (circle one)

**\*\*\* NEW FOR THE 2016-2017 CBA SEASON \*\*\***

**ALL 7<sup>th</sup> and 8<sup>th</sup> grade CBA participants will be responsible for purchasing their uniform. The total cost of the uniform will be approximately \$40 (matching shorts and jerseys) and players will keep their uniform at the end of the season to wear the next year (if you are a 7<sup>th</sup> grader) or pass down to a younger sibling.**

*CBA will communicate on-line ordering instructions after the registration process in September.*

***Registration Deadline is JULY 30, 2016***

**Fees: \$25 for one child / \$40 for two or more children**

**Registrations received after August 1, 2016 - will increase to \$50 for one child / \$65 for two or more children**

**Registrations received after October 1, 2016 - will increase to \$100 for one child / \$130 for two or more children**

**Please make checks payable to CBA (Central Basketball Association)**

**Mail Form and Fees to: Central Basketball Association**

**1031 Eulaine Circle - Hammond, WI 54015**

We need helping hands! If you are interested in volunteering, please CIRCLE below:  
Head Coach      Assistant Coach      Meet Concession Coordinator      Meet Director      Other

We as the parents of \_\_\_\_\_ hereby consent to assume all responsibility for any injury that may occur to my daughter/son in conjunction with this program.

Parent/Guardian Signature \_\_\_\_\_

DATE \_\_\_\_\_