

AEYBA Player Application 2009-2010

Player Name	
Grade	
(circle one)	Male Female
Parent(s) Name(s)	
Primary Address	
Other Address (if nec.)	
Home phone	
Cell phone	
Primary Email	
Secondary Email	

****In which of the following would you (the parent) like to participate? ("X" one or more.)**

****Remember parents: It's MANDATORY to contribute a minimum of 4 hours of service per player!!**

Season-long commitment opportunities:

Assistant Coach _____

Team Communications _____

AEYBA Board Member _____

Tournament-Specific commitment opportunities:

(select one or more tourneys)

Girls

Boys

7th/8th grade:

Nov. 7 _____

3rd/4th/5th grade:

Feb. 6 _____

4th/5th/6th grade:

Dec. 12 _____

6th/7th/8th grade:

Jan. 9 _____

This would be one of the following:
gym monitor, admissions or concessions.

My son/daughter has the following health concerns his/her coach should know about:

Check here if your family is in need of financial aid in order for your son/daughter to play AEYBA basketball: _____ (Coach will contact you regarding this)



AEYBA Fee for 2009: \$150

For Coach Use Only: Check here if paid _____

