

## AEYBA Player Application 2008-2009

Player Name	
Grade	
(circle one)	Male                      Female
Parent(s) Name(s)	
Primary Address	
Secondary 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!!**

Head Coach: \_\_\_\_\_ Board Member: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_

Team Communications: \_\_\_\_\_ Concessions at AEYBA tourney(s): \_\_\_\_\_

Admissions at AEYBA tourney(s): \_\_\_\_\_ Gym Monitor at AEYBA tourney(s): \_\_\_\_\_

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 2008: \$150

For Coach Use Only: check here if paid \_\_\_\_\_

