



# 2016 PINNEY BASKETBALL LEAGUE KINDERGARTEN – 8th GRADE

Student \_\_\_\_\_ Grade \_\_\_\_\_ Boy or Girl \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

We give permission for our child to participate in the AYB Pinney Basketball League.

**Parent/Guardian Information:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Cell phone# \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Parent/Guardian Information:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Cell phone# \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**PBL Session Dates:**

Session 1 ..... June 27th – July 29th  
Session 2 ..... August 1 – August 26th

**Format:**

Kindergarten – 2nd Grade..... Skills and Games  
Grade 3rd – 8th ..... Pick-Up Games  
*Please attend based on child’s grade for the 2016-2017 school year.*

**Registration Fee:**

\$10.00 per Session  
• Weekly Participation is not mandatory  
• Each Player needs a registration form to participate  
• Please make check payable to AYB  
• Please bring completed and signed form to first session that your child attends.

**Schedule:**

Monday ..... 3rd – 4th Grades  
Tuesday ..... K – 2nd Grades  
Wednesday ..... 5th – 6th Grades  
Thursday ..... 7th – 8th Grades  
Sunday ..... 3rd – 6th Grades Co-ed

- All sessions will run from 6:00pm – 8:00pm
- K - 2nd grade will run from 6:00pm – 7:00pm
- K – 2nd Grade will be Co-Ed
- All other grades: Boys and Girls will alternate weeks between the gym and the blacktop
- Except Sunday Co-ed games will be split 3rd-4th and 5th – 6th



# 2016 PBL Permission Form

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## Release Form

I give permission for photo/video footage of my child to be used for Andover Youth Basketball promotional purposes. (check boxes)

YES  NO

## Medical Form

Does your child suffer from any allergies?

YES  NO

Does your child have any medical or physical conditions? (example: asthma, epilepsy, etc):

YES  NO

Does your child have any food allergies?

YES  NO

If YES, please specify, including details of medication:

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I hereby give approval for the participation of my child, \_\_\_\_\_ for the 2016 AYB Pinney Basketball League season. I understand that neither Andover Youth Basketball or anyone associated with AYB will assume any responsibility for accidents and medical or dental expenses incurred as a result of participation in this program. The applicant is in good health, is covered by insurance, and is able to participate in the physical activity of a rigorous program. In the event of an injury or illness, I authorize AYB to contact me and act for me according to their best judgment in providing medical care.

## Signed (parent or guardian):

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_