



2016 Registration Form Kindergarten – 12 Grade

Student _____ Grade _____ Boy or Girl _____

Address _____ Telephone _____

Emergency Contact _____ Emergency Phone _____

We give permission for our child to participate in the Andover Youth Basketball Program.

Parent/Guardian Information:

Name _____ Address _____

Email _____ Cell phone# _____

Signature _____ Date Signed _____

Parent/Guardian Information:

Name _____ Address _____

Email _____ Cell phone# _____

Signature _____ Date Signed _____

Registration Fee

Grades 3 – 12 \$85.00 per Child

Kindergarten – 2nd Grade..... \$30.00 per Child

- Registration Deadline: October 26, 2016
- Each Player needs a registration form to participate
- Please make check payable to AYB

AYB Sponsorship Program

AYB is looking to build a sponsorship program with parent involvement. Please reach out to local businesses that your family supports and ask them to become an AYB Sponsor. We have two levels:

Uniform Sponsor: \$500.00 (1 Boys / 1 Girls / 1 Instructional)

Playbook Sponsor: \$150.00

For each sponsor that you bring to AYB, we will WAIVE one registration fee. Please HELP.

Shorts

Please select appropriate size for each player.

Youth: xs s m l xl

Adult: s m l xl

Please make sure that correct size is ordered.

Coaches will distribute shorts at practice.

Forms can be dropped off at the Town Clerk’s office or mailed to:

**Andover Youth Basketball
c/o Carol Lee, Town Clerk
17 School Road
Andover, CT 06232**



2016 Permission Form

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:

I hereby give approval for the participation of my child, _____ for the 2016-2017 Andover Youth Basketball (AYB) 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: _____

2016 Practice Schedule

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
5:30 - 7:10	Girls 3 rd /4 th	Boys 3 rd /4 th	Girls 5 th /6 th	Girls 7 th /8 th	
7:15 - 8:55		Boys 5 th /6 th	Boys 7 th /8 th	Girls 9 th /12 th	

TIME	9:00 - 10:30	10:35 - 12:05	12:10 - 1:40	1:45 - 2:15	2:20 - 3:50	3:55 - 5:25	7:05 - 8:45
SATURDAY	Girls 3 rd /4 th	Boys 3 rd /4 th	Boys 5 th /6 th	Girls 5 th /6 th	Boys 7 th /8 th	Girls 7 th /8 th	Girls 9 th /12 th
SUNDAY				1:00 - 2:30 Kindergarten - 2 nd (COED)			