

2010 Milford Athletic Basketball Form

Return to MBA with check at: PO Box 673, Milford, OH 45150

Questions? Contact the MBA at: 575-9451 info@milfordbasketballassociation.org

Important Timelines and registration information

Registration forms and \$175 must be received by the MBA by June 1st, 2010 to insure a spot for you child on a team.

Eligible players that did not make the teams will be assigned to Athletic teams if spots become available. All teams will have at least 8 players but no more than 10 players.

Players requesting numbers please list the number on page 2. We have no guarantee on numbers but will try to accommodate.

All Athletic Uniforms will need to be returned at the end of the season. There will be \$50 fee assessed to any player not returning a jersey.

Fee for Athletic Basketball is \$175 per player. We will not accept application without check or funds or unless request for fee waiver is accepted. All fees need to be paid within 30 days of notification of making the team.

If requesting fee waiver to be considered due to hardships please note this on contract below.

Player Information

Athletic Uniform

Sex (circle one): Male Female Shirt size (circle one): SM Med L XL XXL

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

School: _____ Grade: _____

Father's Name: _____ Mother's Name: _____

Emergency Contact (Non-Parent): _____ Phone: _____

Number you wish to have _____ Athletic Uniform

-----Milford Basketball Association Waiver-----

The Undersigned hereby releases, waives, discharges, and covenants not to sue the Milford Basketball Association, its sanctioned league/organizations, team managers & coaches of those leagues/organizations, and or any & all officers of the Milford Basketball Association from liability to the undersigned, his/her personal representatives, assigns heirs and next of kin on account of injury to person or property of the undersigned, and or his/her children who are participating in the Milford Basketball Association sponsored programs, including, but not by way of limitation, any and all games, practices and travel to and from games and practices.

Parent/Guardian Signature _____ Date: _____

----- LEAGUE CONTRACT-----

I will obey the official rules and regulations of the Milford Basketball Association and the League. I will not hold the Milford Basketball Association, the team, sponsors, manager, coaches or supervisors responsible for any injury I may sustain while a playing member of the team.

Player's Signature _____ Date: _____

Parent/Guardian's signature approval of this contract: _____

To be completed by MBA only
Total paid: _____ Cash/MO___ Check#_____
Initials of MBA Board Member_____