WELCOME!

PLAYER PROFILE & STATS

PLAYER EXPERIENCE

PARENT/ GUARDIAN CONTACT INFORMATION

CONSENT & WAIVER

NOTES/ REQUESTS

SPONSORS & VOLUNTEERS ARE NEEDED!

Welcome to FLORIDA BASKETBALL & VOLLEYBALL ASSOCIATION!
Get ready for another great season of basketball!

Are you new to FBVA? ▫ No ▫ YES If yes—> Please tell us how you heard about F B V A:

▫ School Flyer ▫ Newspaper ▫ TV/Radio ▫ Internet ▫ Friend(s) ▫ Played in league before

NAME: _____

First Last ▫ Male ▫ Female

ADDRESS: _____

CITY / ZIP: _____ **BEST PHONE #:**_____

ALT. PHONE #:_____

Age: _____ **yrs D/O/B:** ____ / ____ /_____ **Height:** _____ **Ft** _____ **In**

School you attend: _____ **Weight:** _____ **lbs**

Grade (current school year): _____

Your Primary E-mail Address for League News/Info:

_____@_____

Place of worship: _____

Played organized basketball before? ▫ No ▫ YES If yes—> How many seasons? _____

Played with: ▫ FBVA ▫ YMCA ▫ Upward ▫ WinWays ▫ A.A.U. ▫ Y.B.O.A. **PREVIOUS COACH:** _____

Player/Applicant lives with: ▫ Mother ▫ Father ▫ BOTH ▫ Other _____

Mother's Name:_____ **Work Phone #:**_____

Father's Name:_____ **Work Phone #:**_____

Emergency Contact Name:_____ **Phone #:**_____

Mom's Occupation: _____ **Dad's Occupation:** _____

By my/our signature below, I/We (the parent(s)/guardian(s) of the Player/Applicant named above) hereby give my/our approval for him/her to participate in any and all FBVA activities. I/We also waive, release, absolve, indemnify and hold harmless Florida Basketball & Volleyball Association, Inc., Orange County School Board, Seminole County School Board, Osceola County School Board their officers, directors, sponsors, drivers, employees, coaches, and volunteers for a any claim arising out of an injury to the player named above. I understand FBVA reserves the right to change or modify any program or event, as needed, without prior notification to registrants or participants. I understand that REGISTRATION FEES INCLUDE A NON-REFUNDABLE $30.00 ADMINISTRATION FEE and that there are no refunds made after regular season games begin (*see complete refund policy at* www.fbva.org *or in our Offices*).

Parent/Guardian Signature:_____**Date**_____/_____/_____

Please indicate here any special requests: (All requests will be considered, but we cannot guarantee your request will be

Volunteers are an important part of the success of FBVA and its Leagues! Let us know if you'd like to:

▫ COACH a team ▫ ASSIST a coach ▫ SPONSOR a team ▫ MONITOR gyms ▫ SERVE on the Board

SYL-15 LEAGUE OFFICE ONLY

Received:

_____/_____/_____

Discounts Applied?

○FL or ○RL ○Coach ○Board Member / Volunteer ○No Jersey ○Sibling ○Other _____

Amt Paid:

$

Check #

FL / RL : School Letter MUST be attached

BIRTH CERT ○ ON-File ○ PENDING

JERSEY ISSUED No YES Size

COACH / TEAM ASSIGNED:

BOYS/Co-Ed: 6U 8U 10U 12U 15U 18U

GIRLS: 8U 10U 12U 13Up