



Mississippi Basketball & Athletics

2240 Westbrook Rd., Jackson, MS 39211 Tel. 601.957.7373

# 2021 Youth Summer Basketball League Registration Form

**Registration Begins: Friday, May 28, 2021**

**Registration Deadline: Wednesday, June 23, 2021**

**League play Begins: July 6, 2021**

**MANDATORY COACHES MEETING: June 29, 2021 6:15 PM**

*(Must bring a copy of players Birth Certificate and attach a copy of the players picture to be identified)*

**Open Draft: Thursday, June 24, 2021 6:00 PM** (Players who do not have a team yet.)

**Girls and Boys Teams Ages 7-18**

**Age Divisions: 2<sup>nd</sup>-12<sup>th</sup> grade**

**League Participation Fee: \$95/player or \$350/team**

**Games are played on Tuesday or Thursday.**

League Games Begin: July 6, 2021

Games End: August 19, 2021

### Hey Parent! Who Are You?

* First Name:	<input type="text"/>
* Last Name:	<input type="text"/>
* Street:	<input type="text"/>
* City:	<input type="text"/>
* State:	<input type="text"/>
* ZIP Code:	<input type="text"/>
* Email:	<input type="text"/>
* Cell Phone:	<input type="text"/>
* Work Phone:	<input type="text"/>

### Player

<input type="text"/>	
* First Name	<input type="text"/>
* Last Name	<input type="text"/>
Years Played	<input type="radio"/> 1 Year <input type="radio"/> 2 Years <input type="radio"/> 3 Years or more
* Gender	<input type="radio"/> Male <input type="radio"/> Female
* School	<input type="text"/>
* Grade	<input type="text"/>
* Date of Birth	/ /    Age:    Jersey Size: YM   YL   AS   AM   AL   AXL   AXX

# 2021 Youth Summer Basketball League Registration Form

Player's Name: \_\_\_\_\_

## PARENT'S/GUARDIAN'S ACKNOWLEDGEMENTS

### LIABILITY RELEASE FORM

Please Initial all lines to indicate agree to terms.

\_\_\_\_ **Waiver for Medical Treatment (Required):** In the event that my child requires emergency medical treatment and I can not be reached, I hereby authorize the MBA organizers, supervisors, directors, staff, volunteers, coaches or referees to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital/emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

\_\_\_\_ **Waiver for Participation (Required):** I understand that MBA activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all MBA programs and facilities. I further release, absolve, indemnify, and agree to hold harmless, the MBA, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of MBA facilities or participation in any MBA activity, whether located on MBA property or not.

\_\_\_\_ **Waiver for Photo/Video Release (Optional):** I give my consent for any photos or videos taken of my child involved in MBA programs to be used for MBA promotions, trainings or display.

\_\_\_\_ **I understand that refunds or transfers of payment are not applicable.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**DO NOT WRITE BELOW THIS LINE**  
**FOR OFFICIAL USE ONLY**

Player's Registration Date: \_\_\_\_\_

Paid: \$ \_\_\_\_\_ cash      check      credit card

Staff Initial: \_\_\_\_\_