



Mississippi Basketball & Athletics  
 2240 Westbrook Rd., Jackson, MS 39211 Tel. 601.957.7373

## 2019\2020 Youth Winter Basketball League Registration Form

**Registration Begins: Friday, December 6, 2019**  
**Registration Deadline: Saturday, January 11, 2020**  
**League Play Begins: Monday January 27, 2020**  
**MANDATORY COACHES MEETING: TBA**  
**Open Draft: TBA** (Players who do not have a team yet.)

*Girls and Boys Teams Ages 5-18*  
*Age Divisions: 6U- 18U*

**League Participation Fee: \$85 per player or \$250 per team**  
**Games are played on Monday, Tuesday, Thursday, or Saturday**  
 League Games Begin: January 27, 2020  
 League Games End: March 9, 2020

Hey Parent! Who Are You?

* First Name:	
* Last Name:	
* Street:	
* City:	
* State:	
* ZIP Code:	
* Email:	
* Home Phone:	
* Cell Phone:	
Work Phone:	

**Player**

* First Name	
* Last Name	
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	
* Grade	
* Date of Birth	/ / Age: Jersey Size: YM YL AS AM AL AXL AXX

\* Required

# MBA

## 2019\2020 Youth Winter Basketball League Waiver Registration Form

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_ Gender: \_\_\_\_\_

### 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 \_\_\_\_\_

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

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

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

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