The Oswego Youth Basketball Association 2023-2024 Registration Form

Please print clea	arly.								
Player's Name									
Grade	Date of Birth				Height				
School: CER	FPS	FLS	KPS	MIN	OMS	OHS	Trinity	OCC	Other
Check one:	New player			r _	Ret				
Shirt Size: (Circle one)			Adult XL		Adult L Adult M		Adult S		
			Yo	uth XL	Youth	L Y	outh M	Youth S	
Guardian 1: Name				Pl	hone: _				
Guardian 2: Name					Ph	one: _			
Player's Home	Addre	ss:							

Please check one:

 \square I do give permission for OYBA to take and publish photos of my child for league use only.

□ I do NOT give permission for OYBA to take and publish photos of my child for league use only.

The Oswego Youth Basketball Association relies upon the parents of children in the leagues to volunteer as coaches in order to operate the program. Without the assistance of parent mentors, the league would not be possible. Support is provided for volunteers.

- □ I would like information about joining the Board of Directors.
- \Box I am interested in coaching for this season.
- $\hfill\square$ I am NOT interested in coaching at this time.

League Use Only (Board member please complete/initial)								
Date paid:	Cash	Check #	Venmo					
Forms completed: Regis	tration	Zero Tolerance	Release					