Goals and Objectives of BYB: To provide a quality basketball learning experience for the youth of Braintree. To promote sportsmanship, participation, and recreation. To provide this program at a minimum cost to all participants.

To be eligible must be a Braintree Resident or attend a Braintree school

Girls: Grade 2 to 12 Boys: Grade 2 to 12

There will be a Prep League for 1st Grade girls and boys starting December at the Daughraty Gym on Washington St. There will be separate on-line pre-registration (open mid- November) or you can register at the first session at the Daughraty Gym.

1st Child = \$75.00 2 Children = \$125.00 Family Maximum = \$150.00

Make checks payable to: BYB

MAIL TO: BYB PO Box 850066 Braintree, MA 02185-0066

OR

REGISTER ONLINE at www.byb1.org

Braintree Youth Basketball Registration 2014-2015

Please fill out form FOR EACH CHILD, sign it and send it with the registration fee to: BYB PO Box 850066 Braintree, MA 02185-0066

To be eligible must be a Braintree Resident or attend a Braintree school

| Please print clearly: | | |
|-----------------------|----------------------------|---------|
| PLAYER NAME: | | |
| MALE FE | MALE | |
| PARENT'S EMAIL | | |
| PHONE: | | |
| STREET: | | |
| SCHOOL: | | |
| GRADE: | | |
| HEIGHT (IN INCHE | S)Weight: | |
| | | |
| SHIRT SIZE (CIRCLE O | , | |
| YOUTH MEDIUM | | |
| (Up to 55 lbs) | (55 to 85 lbs) | |
| ADULT SMALL | ADULT MEDIUM | |
| | (115 to140 lbs) | |
| | | |
| ADULT LARGE | | |
| (140 to165 lbs) | (165 to195 lbs) | |
| ADULT XX-LARGE | | |
| (over 195 lbs) | | |
| | | |
| | volunteer to be PLEASE CIR | CLE: |
| COACH / | ASSISTANT COACH / | REFEREE |
| | | |

| Please print your Name and E-Mail address | |
|---|--|
| Name: | |
| E-Mail: | |

BYB Consent and Authorization

I agree to abide by the rules of Braintree Youth Basketball (BYB) and their affiliates and sponsors. I authorize and consent to the administration of any medical and/or dental care or treatment determined to be necessary in the event of a personal injury to my child that may result from his/her participation in any basketball program, given under whatever conditions are necessary to preserve the health and well being of my child. I agree to release, discharge and/or otherwise indemnify BYB, the Town of Braintree and their respective affiliates, boards, commissions, Sponsors, employees, coaches, asst. coaches, referees, volunteers and associated personnel Including but not limited to the owners of facilities used for basketball programs, against all claims by or on behalf of the undersigned and/or my child as a result of his or her participation in basketball programs and/or being transported to or from BYB basketball programs, provided said transportation has been authorized by me or my child's legal guardian.

Signature of Parent or Guardian