



3-on-3 BASKETBALL PROGRAM

Boys & Girls Registration Form – 2019 Season

This program is for boys and girls entering grades 4 thru 8. It primarily focuses on skill development through the use of drills and scrimmages while maintaining a summer league/camp atmosphere.

St Cloud Area Youth Basketball Association
PO Box 434, St. Cloud, MN 56302

(320) 266-2072 • scayba434@yahoo.com • www.scayba.com
Jessica Lewis, 3 on 3 Camp Director: amo82@hotmail.com

Camp Schedule: July 23rd– July 25th Tuesdays, Wednesdays and Thursdays
July 29th – July 31st (Mon., Tues., Wed. this week)
Aug. 6 – Aug. 8 **Older Boys:** 8am-10am
Aug. 13 – Aug. 15 **Girls & Younger Boys:** 10am-12 noon

Camp Location: Whitney Recreation Center
Camp Fee: \$100.00 per person for St. Cloud SCAYBA players and \$125 for non SCAYBA players.
Fee provides T-shirt, along with prizes and awards.
For information about financial aid call (320)266-2072 or email scayba434@yahoo.com

Registration deadline: Monday, July 9, 2018. *Camp fills quickly, get your registrations in early!*
*** Priority will be given to St Cloud residents or students prior to June 15th ***

For more information or to register for the 3-on-3 camp or other SCAYBA programs, please visit our website at: www.scayba.com



Please mail this completed form and registration fee (check made payable to SCAYBA) to:
SCAYBA, PO Box 434, St. Cloud, MN 56302

PLAYER INFORMATION: (Please complete all information requested, including city and zip code.)

Player Name _____ Phone (_____) _____

Street Address _____

City _____ State _____ Zip Code _____

Age _____ Grade (2019-20) _____ Gender(M or F) _____

Adult T-shirt size (XS – 2XL) _____

School _____ Organized basketball experience _____
(Years and Where)

Previous SCAYBA Team (In house or Travel) _____

PRIMARY PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name(s): _____ E-mail Address _____

Home Telephone (_____) _____ Work Telephone (_____) _____

Cell Phone: (_____) _____

Please Read and Sign:

I agree to release the City of St. Cloud Park and Recreation Department and the St. Cloud Area Youth Basketball Association of all liability related to accidents or injuries, which might occur while participating in this activity. I also give permission for emergency medical procedures to be administered if I cannot be contacted in the event of an emergency.

SIGNATURE of Parent/Guardian

HEALTH INSURANCE COMPANY

