



# IN-HOUSE BASKETBALL PROGRAM

## Boys & Girls Registration Form – 2020 Season

*This program is for boys and girls in grades Kindergarten - 5, who wish to work on developing and improving fundamental basketball skills while having fun!*

**St Cloud Area Youth Basketball Association**  
PO Box 434, St. Cloud, MN 56302  
(320) 266-2072 • [www.scayba.com](http://www.scayba.com)

The In-House Basketball Program starts Saturday morning January 4, 2020 and runs for 8 consecutive Saturdays. Boys and girls participate separately based on the grade levels indicated below. For each age group, times are divided into practices and games; start times may vary week to week. Registration fee provides T-shirt. **The players will have the opportunity to interact with area high school basketball teams during practice, which will enrich their learning experience and skill improvement.**

Teams will meet at **Oak Hill Elementary** gym for 8 consecutive Saturdays in January and February. K-1st will meet for 1 hour. Grades 2-5 will meet for 1 hour and 20 minutes.



### REGISTRATION & FEES:

**On-Line Registration:** [www.scayba.com](http://www.scayba.com)

**Mail-In Registration:** Mail the completed form and the appropriate registration fee to:  
SCAYBA: PO Box 434, St. Cloud, MN 56302

Registration Fees	K - 1st	2nd - 5th
<b>Early Deadline:</b> December 6	\$ 50	\$ 60
<b>Final Deadline:</b> December 20	\$ 60	\$ 70

*Financial Aid information, call (320) 266-2072.*

We cannot guarantee a spot on a team or a t-shirt after Dec 20. If no team is available, you will receive a full refund.

### PLAYER INFORMATION:

(Please complete ALL information requested.)

Player Name #1 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Grade \_\_\_\_ Gender: M F School \_\_\_\_\_ Organized basketball experience (years/where) \_\_\_\_\_

Circle T-shirt size: YS YM YL AS AM AL

Optional: Coach request \_\_\_\_\_ Optional: Friend request \_\_\_\_\_

Player Name #2 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Grade \_\_\_\_ Gender: M F School \_\_\_\_\_ Organized basketball experience (years/where) \_\_\_\_\_

Circle T-shirt size: YS YM YL AS AM AL

Optional: Coach request \_\_\_\_\_ Optional: Friend request \_\_\_\_\_

### PRIMARY PARENT/GUARDIAN INFORMATION:

Primary Parent/Guardian Name(s): \_\_\_\_\_ E-mail \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**COACHES NEEDED!** If you are interested in volunteering to help coach a team, please respond accordingly below. We will provide you with online concussion training and an optional meeting before the season.

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

(circle one) Head Coach Assistant Coach Either

**Complete Registration on Back.**



St. Cloud Area Youth Basketball Association

IN-HOUSE BASKETBALL PROGRAM
Registration Form (continued)

For more information on the In-House program, contact: Rachel Zellmann, Director - email: rachj25@hotmail.com phone: 320-309-5898

For more information about other SCAYBA Programs visit our website at: www.scayba.com



SPONSORSHIP: Would you or your company be interested in becoming a Team Sponsor? Circle: Y N
If so, please provide the following information.

Business or Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

PARENTS' CODE OF ETHICS

I hereby pledge to provide positive support, care, and encouragement for my and all other children participating in youth sports by following this Code of Ethics.

- \* I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.
\* I will place the emotional and physical well being of my child ahead of any personal desire to win.
\* I will insist that my child play in a safe and healthy environment.
\* I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
\* I will demand a drug, alcohol and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
\* I will remember that the game is for children and not for adults.
\* I will do my very best to make youth sports fun for my child.
\* I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
\* I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.

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

Date \_\_\_\_\_

I agree to release School District 742 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.

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

Health Insurance Company \_\_\_\_\_

Photo Release: Check box if it is NOT ok for the SCAYBA organization to use your child's photo [ ]