

League Registration Form

LEAGUE FEE: \$35 per player w/team / \$45 individual player (NO PERSONAL CHECKS)
Each team must carry 8 players per roster (NOTE: League Fee does not include additional referee team fee)

COACH & TEAM NAME: _____

****Cash, Money Orders and Cashiers Checks can be made payable to Aaron Tavitas,
and mailed to PO Box 12382, San Antonio, TX 78212**

****(PLEASE PRINT)****

PLAYER'S LAST NAME: _____ **FIRST NAME** _____
AGE _____ **DATE OF BIRTH** _____ **GRADE** _____ **SEX: M / F** (circle one)
ADDRESS _____ **CITY** _____ **STATE:** _____ **ZIP** _____
SCHOOL ATTENDING: _____ **HEIGHT** _____ **POSITION PLAYED** _____
OF YEARS PLAYED _____ **OPEN FOR TEAM TRYOUTS: YES / NO**
HOME PHONE(____) _____ **ALTERNATE PHONE(____)** _____
MOTHER'S NAME _____ **OFFICE PHONE** _____
FATHER'S NAME _____ **OFFICE PHONE** _____
E-MAIL ADDRESS _____

EMERGENCY CONTACT/RELATIONSHIP _____ **PHONE #** _____

****MUST FILL OUT THE FOLLOWING****

Health Insurance Carrier _____

Policy # _____

Phone # _____

In the event of an emergency, I authorize the STYA/South Texas Hoops staff to take my child to the nearest emergency facility. I also give my consent for any and all necessary treatment if my child is injured while participating in this program.

(MUST SIGN) Signature of Parent/Guardian _____ Date _____

_____ Yes, I will donate \$5 to The STYA Scholarship Fund to support Youth in need of financial assistance.

****Please enclose the additional \$5 with league fee. Thank you for your support.****

Agreement

I hereby give permission for my child to participate in STYA, South Texas Hoops Leagues & Tournaments. The authorization shall waive, release, and absolve STYA, South Texas Hoops, its staff and volunteers, any host facility, and sponsors from any and all liability for injury or illness incurred in the league. I give the staff permission to act for me according to its best judgment in any emergency. I also certify that my child is in good health and capable of safe participation in STYA/South Texas Hoops Leagues, Tournaments, and Practices. I also give permission to the STYA Leagues & Tournaments and other participating agencies and sponsors to use any and all photographs and/or video/audio of myself and child obtained while participating in the STYA Leagues & Tournaments. This is an opportunity to provide positive information about the program and opportunities provided by the sponsoring agencies in our community and to celebrate the activities of our Youth.

(MUST SIGN) Signature of Participant/Guardian _____ Date _____

STAFF USE ONLY

RECEIPT# _____ **DATE** _____ **STAFF** _____

PROGRAM FEE _____

SCHOLAR FUND _____

TOTAL PAID _____