



## Additional Information/Options

Player's School: \_\_\_\_\_

If applicable, circle **one** evening the Player is **unable** to practice: Mon. Tues. Wed. Thurs. Fri.

If applicable, list **one** friend to play with: \_\_\_\_\_

Friend must also list you as a 'play with.'

Please circle player's shirt/jersey size:

**Youth** Medium (10-12)      **Youth** Large (14-16)

**Adult** Small (34-36)      **Adult** Medium (38-40)      **Adult** Large (42-44)      **Adult** X-Large (46-48)

\_\_\_\_ Check here if you are donating to the **MBA Scholarship** program.

This program provides opportunities in the form of financial awards to Mahtomedi area students interested in playing basketball. *Thank you* for adding the donation to your registration fee.

\_\_\_\_ Check here if interested in volunteering as a **Head Coach, Assistant Coach or Team Parent**.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_ Check here if you are interested in becoming a **MBA board member** next season.

Elections will take place in April 2011.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Release & Indemnification:** As parent (legal guardian) of \_\_\_\_\_, I hereby consent to my child's participation in the Mahtomedi Basketball Association (hereinafter called "Association") program and assume all risks of injury resulting from such participation. I hereby agree to indemnify and hold the Association harmless for any claim of liability. In addition, in consideration for permission granted my child (ward) by the Association to participate in its program, I hereby release and discharge the Association, its Board of Directors, coaches, agents and coordinators from all claims, demands, actions, judgements and executions which I or my child (ward) may have against the Association, its Board of Directors, coaches, agents and coordinators for all injuries caused by or arising out of the basketball program of the Association.

**Roster Release:** I hereby give my consent for my child's name, address, and phone number to be published on a team roster used by the Association; its board, coaches, managers and participants.

**Photographic Release:** I hereby release all pictures of my child taken for promotional, program, and website use by the Association; its board, coaches, managers and participants.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Check off each of the following to confirm complete registration:**

- Registration Amount payable to MBA - \$135
- Completed MBA Recreational League Registration, Health & Emergency Information Form
- Completed and Signed Parents Code of Ethics & Releases Form
- Optional MBA Scholarship donation of \$\_\_\_\_\_. Thank you!
- Late fee of \$25 for registrations received after September 29th, 2010

**Please mail the registration forms and your check payable to MBA to:**

**Michael "Jake" Jacobson**

**MBA - Registrar**

**445 Hidden Oaks Court**

**Mahtomedi, MN 55115**

**[foxjacobson@comcast.net](mailto:foxjacobson@comcast.net)**

Administrative Use Only - Payment Information

Received By \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

## Parent's Code of Conduct

As a parent/guardian involved in Mahtomedi Area Youth Sports, I understand and agree to abide by the following rules and guidelines listed below:

- I will treat all players, coaches, parents and officials with dignity and respect in language, attitude and behavior.
- I will place the emotional and physical well being of the players ahead of any personal desire to win.
- I will encourage good sportsmanship through my actions, by demonstrating positive support for players, coaches, parents and officials.
- I will remember that the game is for the athlete and not the parents, coaches or officials.
- I will respect the property and equipment used at any game or practice sports facility.
- I will motivate with praise and instruction, not put-downs.
- I will provide a sports environment free of drugs, tobacco and alcohol, and will refrain from their use at youth sports programs.
- I will not detain or harass officials following the contest to request a ruling or explanation of actions taken by officials.
- I will inform the coach of any physical disability or ailment that may affect the safety of my athlete or the safety of others.
- If necessary, I will ask the coach to abide by the same rules and guidelines expected of me.
- I will support the coaches, respecting their decisions and offering help at their request.
- I will make sure my child correctly wears the necessary equipment for safe participation in the program.
- I will treat my child and others with respect, avoiding put-downs, sarcasm and ridicule both on and off the field.
- I will cheer and encourage those around me in a positive way.
- I will do my very best to make youth sports fun for my child.
- I will obey and follow any and all consequences the WGBA Board imposes on me as a result of noncompliance to the above code of ethics.

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Parent Name (Print)

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Parent Signature

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Date