



ANDOVER TRAVELING BOY'S BASKETBALL ASSOCIATION (ATBB) REGISTRATION FORM 2011-2012 SEASON

For Boys 4th – 8th Grade
Must live within the Andover High School attendance area or city limits of Andover.

TRY-OUT INFORMATION

- Dates** **September 17 and September 24.** Exact times for specific grades will be posted by September 1. *Players are strongly encouraged to attend both try-out sessions, the highest score achieved on either day will be used.*
- Registration** Online registration will be available August 15 - September 15 at atbb.org
- Cost** \$15 one-time non-refundable fee to be paid at try-outs. Please arrive at least 20 minutes early to complete registration, size for uniforms. A parent or guardian **MUST** be present for each player.
- Location** Oak View Middle School, 15400 Hanson Blvd, Andover
- What to Bring** There are several forms and fees collected at try-outs, including: Registration Form, Player's Birth Certificate, Medical Consent Form, Uniform Order Form, \$15 Try-out fee, Uniform fee (if applicable). Forms can be found at atbb.org.
- Important Information**
- Players are not allowed to wear ATBB uniforms at try-outs.
 - Players will be notified after the September 24th session (forming the A, B and C teams if there is enough interest to warrant 3 teams)
 - Parents are not allowed in try-out area - **PLAYERS ONLY!**
 - Financial assistance available, please contact an ATBB Board member for consideration.

PLAYER INFORMATION				
Player Name		Phone		
Address		City		
Birthdate		School		Grade
PARENT INFORMATION				
Parent Name		Email		
Work/Cell		Work/Cell		
Parent Name		Email		
Work/Cell		Work/Cell		

Waiver: I/ we the parent or legal guardian of the above player, acknowledge my understanding that Andover Traveling Boy's Basketball, Inc. does not carry medical, dental, health or liability insurance. Further, I acknowledge my understanding that athletic activities do involve risk of accidents and bodily injury. Accordingly, I accept full responsibility for medical treatment that may be required as a result of injuries sustained during participation in these activities and travel to and from the same, which transportation I hereby authorize.

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Parent/Guardian Signature

Date

ATBB USE ONLY:	Cash/Check #	Pinnie #	Height
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