



**St. Cloud Area Youth Basketball Association**  
**Travel Basketball Registration Form**  
**Grades 4 – 8**  
**2011-12 Season**

Tryouts for the 2011-2012 travel season will be held at St. Cloud State University – Halenbeck Hall Main Gym as per the following schedule:

**Sunday, September 18<sup>th</sup>**

|   |   |
|---|---|
| 4 <sup>th</sup> & 5 <sup>th</sup> graders – 8:00 – 9:30am | 7 <sup>th</sup> grade girls - 1:30 - 3:00pm   |
| 6 <sup>th</sup> grade boys - 9:30 - 10:45am               | 8 <sup>th</sup> grade boys - 3:00 - 4:30pm    |
| 6 <sup>th</sup> grade girls - 10:45 – 12:00pm             | 8 <sup>th</sup> grade girls - 4:30pm – 6:00pm |
| 7 <sup>th</sup> grade boys – 12:00 – 1:30pm               |   |

\*\*\*\* No make-up dates will be scheduled \*\*\*\*

**Pre-Registration is encouraged. Send registration and deposit in by Sept. 10, 2011**  
**Returning travel players: Do not wear your travel jerseys for tryouts.**

**PLAYER TRAVEL SEASON FEES:**

4<sup>th</sup> grade (\$225) \_\_\_ 5<sup>th</sup> grade (\$225) \_\_\_ 6<sup>th</sup> grade (\$225) \_\_\_ 7<sup>th</sup> grade (\$265) \_\_\_ 8<sup>th</sup> grade (\$265) \_\_\_

**A deposit check of \$50 (made payable to SCAYBA) MUST accompany this completed form in order for your child to try-out.** If your child does not make a team, the deposit will be returned. If your child does make a team, the deposit will be applied to your travel season fee and the remaining balance will be due by **October 15, 2011**. Financial Aid is available – for information call 656-1222.

**PLAYER INFORMATION:** (Please complete **all** information requested.)

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Sex (M or F) \_\_\_\_\_ Height (with shoes on) \_\_\_\_\_

School \_\_\_\_\_ Grade (10-11) \_\_\_\_\_

Organized Basketball Experience (years and where) \_\_\_\_\_

6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grades only: Do you wish to be considered for an "A" team? Yes or No

**Returning Travel Players:**

Existing Travel Team (coach and team name) \_\_\_\_\_

Do you wish to move to another team? Yes or No

**PARENT OR GUARDIAN INFORMATION:** (Please use a "check mark" to indicate primary contact)

Primary contact

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address of primary contact:  
 (if different from player)

\_\_\_\_\_ street address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

**COACHING:**

If you have previous coaching experience or are interested in helping coach a travel team, please contact John Atkinson (654-8423), Dan Schaefer (654-8129) or Ron Prom (259-9097). A coaching application and background check authorization form must be submitted (both are available online or by calling 656-1222). In the interest of providing a safe environment for players and coaches, and in accordance with SCAYBA policy, background checks will be conducted on all coaches.

**Please contact me about coaching:**      **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**RELEASE FORM:    Please Read and Sign**

I agree to release the City of St. Cloud Park and Recreation Department, 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.

I agree to volunteer (myself, family members, etc.) **for up to ten (10) hours per child** in the travel program, including at the annual SCAYBA tournament.

\_\_\_\_\_  
**SIGNATURE of Parent/Guardian**

\_\_\_\_\_  
**HEALTH INSURANCE COMPANY**

**PARENT, PLAYER, and COACH EXPECTATIONS and CODES OF ETHICS:**

All travel player parents or guardians shall read the SCAYBA Expectations of Parent or Guardian Policy, and sign and abide by the Parent or Guardian Code of Ethics.

All travel players shall read the SCAYBA Expectations of Player Policy, and sign and abide by the Player Code of Ethics.

All travel coaches shall read the SCAYBA Expectations of Coaches Policy, and sign and abide by the Coaches Code of Ethics.

Copies of these forms will be available at tryouts, and must be completed at the time of tryouts.

**Pre-Registration is encouraged for all players.**

**To pre-register - Please complete and return this form by September 10, 2011 along with your \$50 deposit (payable to SCAYBA) to:**

**SCAYBA  
PO BOX 434  
St Cloud, MN 56302**