



INTERLEAGUE BASKETBALL REGISTRATION FORM



S.A.Y.A.A.

TENTATIVE SEASON START DATE: **JANUARY 8, 2018**

PLEASE HAVE ALL REGISTRATIONS IN BY: **DECEMBER 21, 2017**

REGISTRATIONS CAN BE MAILED (WITH CHECK ATTACHED) TO:

SAYAA

P.O. BOX 3065

SOUTH AMBOY, NJ 08879

OR TURNED IN AT THE SOUTH AMBOY ELEMENTARY SCHOOL GYM
WEEKNIGHTS DURING INTRAMURAL BASKETBALL GAMES

REGISTRATION FEE: \$50.00 – 1ST CHILD, \$25.00 – EACH ADDITIONAL CHILD

Check #: _____ Cash: _____

Name: _____ Age: _____

Address: _____ Gender: _____

Home Phone: _____ Cell Phone: _____ D.O.B.: _____

Email: _____

Health Insurance Company: _____ Policy #: _____

Please circle the appropriate grade:

5th 6th 7th 8th

Please circle the appropriate shirt size:

YS YM YL AS AM AL AXL

Please circle whether or not you're interesting in **COACHING**:

YES NO

*By signing below, I give permission for my child to participate in all activities pertaining to basketball. I understand the physical requirements for participation and represent that my child meets those requirements. I give permission for my child to receive first aid treatment by the SAYAA and/or emergency treatment at a health care facility.

Parent/Guardian: _____ (Print) _____ (Sign)

SAYAA Point of Contact: Tommy Bikowski 732-207-7796

Joe McKeivitt 732-735-2997

