

Columbia Basketball Association

A Volunteer Non-Profit Organization

www.columbiabasketball.org

Registration Form (2009 – 2010 Season)



Child Name _____ Grade _____ Gender _____ Birthdate ____/____/____

Address _____ City _____ Zip _____

Parent(s) Name: _____ Tel.(Day) _____ (Eve) _____

**E-MAIL ADDRESS: _____
**** (CONFIRMATION LETTERS WILL BE SENT VIA E-MAIL)****

Age _____ Height _____ Weight _____ CBA Experience _____ years

CBA Category: Clinic _____ Rec League _____ Travel _____

My child has permission to attend and participate in the Columbia Basketball Association (CBA) youth program. I understand that he/she shall be expected to abide by all the rules and regulations of the program. I assume all the risks, hazards, and responsibilities incidental to the conduct of the program. I agree to both the Player and Parent Codes of Conduct. These documents are available on our website.

Parent/Guardian Signature

Date

FEES: Clinic (6/7 yr olds) - \$65 Rec League - \$135 Travel - \$175 (+ additional fees)

I am making an additional \$ _____ donation to CBA to help support the program.

Payment enclosed: Total amount \$ _____ Check # _____, **OR**

Credit Card Information: Visa MasterCard Discover

Account#: _____ Exp. date ____/____ Security Code _____

Cardholder Name (as it appears on card): _____

Cardholder Billing address (if different from above):

Street _____ City _____ Zip _____

Cardholder Signature: _____

Mail registration form and payment to:
Columbia Basketball Association
P.O. Box 2427
Columbia MD 21045

No Refunds