



Fill out and return to Bay City Basketball

Bay City Basketball Program Registration Form

Name _____ Grade _____ D.O.B. _____

Parents Names _____

Address _____ City _____ Zip _____

Parent Email _____ Secondary Email _____

Home Phone _____ Cell Phone _____

School _____ Uniform Size _____

Preferred Number Choices (2) _____

Times of Weekly Conflicts _____

* We can't guarantee that we can accommodate your conflicts but will try our best when planning our practice schedule.

I hereby give my consent for my child to participate in all Bay City Basketball Club activities. I declare that my child is in good physical condition. I hereby give the staff of Bay City Basketball Club permission to render such medical and hospital care as, in their judgment, may seem advisable for my child. I also hereby state that we have adequate medical coverage and will not hold the staff of Bay City Basketball Club liable for any injuries incurred during the activities.

Parent Signature _____

Amount Enclosed

**\$300 Returning Players/\$400 New Players
-Fall Program Fees**

Payment will cover all costs including coaching, gym time, league and tournament fees, uniform package (new players), and insurance.

All Payments Due Prior to First Practice

No refunds once payment received