



North Cheektowaga Amateur Athletic Association

P.O. Box 55, Cheektowaga, New York 14225

- BASKETBALL Registration Application 2011 (PLEASE PRINT) -

1st CHILD:

 (LAST Name) (FIRST Name)

___ / ___ / ___ _____
 (Date of Birth) (Gender) League played in 2010:
 NCAA Other: _____

Division Child is Registering For:

BOYS: 7 - 14 Years Old GIRLS: 7 - 14 Years Old

2nd CHILD:

 (LAST Name) (FIRST Name)

___ / ___ / ___ _____
 (Date of Birth) (Gender) League played in 2010:
 NCAA Other: _____

Division Child is Registering For:

BOYS: 7 - 14 Years Old GIRLS: 7 - 14 Years Old

3rd CHILD:

 (LAST Name) (FIRST Name)

___ / ___ / ___ _____
 (Date of Birth) (Gender) League played in 2010:
 NCAA Other: _____

Division Child is Registering For:

BOYS: 7 - 14 Years Old GIRLS: 7 - 14 Years Old

4th CHILD:

 (LAST Name) (FIRST Name)

___ / ___ / ___ _____
 (Date of Birth) (Gender) League played in 2010:
 NCAA Other: _____

Division Child is Registering For:

BOYS: 7 - 14 Years Old GIRLS: 7 - 14 Years Old

5th CHILD:

 (LAST Name) (FIRST Name)

___ / ___ / ___ _____
 (Date of Birth) (Gender) League played in 2010:
 NCAA Other: _____

Division Child is Registering For:

BOYS: 7 - 14 Years Old GIRLS: 7 - 14 Years Old

6th CHILD:

 (LAST Name) (FIRST Name)

___ / ___ / ___ _____
 (Date of Birth) (Gender) League played in 2010:
 NCAA Other: _____

Division Child is Registering For:

BOYS: 7 - 14 Years Old GIRLS: 7 - 14 Years Old

COMMISSIONER: KYLE WOOTEN - 381-0178

ASSISTANT COMMISSIONER: TONY GIANCARLO - 870-1299

 (Parent or Guardian - First & Last Name) / _____ (Home Phone) / _____ (Alt. Phone) / _____ (Email Address - STAY UPDATED VIA EMAIL!!)

 (Address) / _____ (City/Town) / _____ (Zip Code) / _____ (Hospitalization Plan)

 (Secondary Contact if any - First & Last Name) / _____ (Home Phone) / _____ (Alt. Phone) / _____ (Email Address - STAY UPDATED VIA EMAIL!!)

Registration Fees:

FIRST Child. \$75.00

EACH ADDITIONAL Child. \$40.00

FUND RAISING DEPOSIT. \$50.00

(Per Household). Ticket money will be paid at time of registration. No exceptions. Once you have sold your tickets you turn them in and keep the money.

YOUR FUNDRAISING COMMITMENT

Raffle ticket sales: **(10) - \$5.00 tickets.** (Only 10 necessary per family no matter how many playing). Ticket deposit due at registration. Tickets must be returned by February 1, 2011.

****IF YOU SELL ADDITIONAL TICKETS****

You will receive \$2.50 from every extra ticket sold, and \$2.50 will come back to the league!! The more you sell, the more you save!! Extra tickets will be paid for up front, and you will keep the money once you sell them.

Please Note: NO REFUNDS will be given

PAYMENT GUIDE (Includes Raffle Deposit)

(1) Child - \$125 / (2) - \$165 / (3) - \$205

(4) - \$245 / (5) - \$285 / (6) - \$325

For League Use Only

Total Amount Paid: _____

Cash Check # _____

Received By: _____

Ticket #'s issued: _____ to _____

****Additional Tickets Issued (optional)**:**

_____ to _____ / _____ to _____

_____ Extra Tickets x \$2.50 = \$ _____ received

Parents Code of Ethics

I hereby pledge to provide positive support, care, and encourage my child participating in youth sports by following this Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports events.
- I will place the emotional and physical well being of my child ahead of any personal desire to win.
- I will insist my child play in a safe and healthy environment.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will demand a drug, alcohol, and tobacco free sports environment for my child and agree to assist by refraining from their use at all youth sporting events.
- I will remember the game is for children and not for adults.
- I will do my best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting the coaches, being a respectful fan, providing transportation, working the refreshment stand, or whatever I am capable of doing.
- I will require that my child's coach be trained in the responsibilities of being a sports coach and that the coach agrees to the Code of Ethics.

Violators of the Code of Ethics will be subject to whatever action is deemed appropriate by the N.C.A.A.A. Board of Directors.

Waiver and Indemnification Agreement

I represent that I am the custodial parent or legal guardian of the child or children who are registering to participate in the North Cheektowaga Amateur Athletic Association (N.C.A.A.A.) sports program. In order that the children may participate in the program, I, as the custodial parent / legal guardian, freely and voluntarily sign this *Waiver and Indemnification Agreement*. I understand that there is inherent danger in participating in any athletic activity. I understand that by permitting my child to participate in this program, he/she may suffer physical injury or cause damage to or the destruction of his/her property or the property of others. I understand that the physical injury may include permanent disability, paralysis, disfigurement, or even death.

I waive, release, and forever discharge any and all claims for personal injury (including death), property damage or other loss, which I may have against N.C.A.A.A., its officers, directors, employees and agents, and all other persons, corporations or entities connected with or participating in the sports programs from and against all claims, lawsuits, liabilities, losses, damages, and expenses of any kind whatsoever resulting from any negligence, fault or lack of due care, or from any other cause whatsoever, which are related in any way to the child's participation in the N.C.A.A.A. sports program.

I understand and give permission to N.C.A.A.A. to use photographs of my child which were taken throughout the year as he/she was attending any and all N.C.A.A.A. league functions. I understand that these photos may or may not be used on the league's website and any other N.C.A.A.A. promotional situations. I understand that these photos will only be used for league purposes.

Initials of parent/guardian: _____

I have read the Waiver and Indemnification Agreement and the Parents Code of Ethics. I fully understand their terms. I freely agree to them and permit the child or children to participate in the N.C.A.A.A. sports program.

Signature of Parent or Legal Guardian

Date