

MIDDLE SCHOOL LEAGUE

**REGISTRATION FORM**  
**Panther Basketball Middle School League**

**Player's Name:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Height:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Mother:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_  
**Father:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_

**Shirt Size (Please Circle One)**

Youth L(14-16)   Adult S(34-36)   A M(38-40)   A L(42-44)  
A XL(46-48)   A XXL(50-54)

Registration Fee: **\$85 per child** (\$50 for thos on School lunch program)  
Make check payable to: **PANTHER YOUTH BASKETBALL,**  
**P.O. Box 40995 Indianapolis, IN 46240**

Teams will practice once per week and play 2 games per week (most likely on Wednesdays and Sundays).

I hereby give permission for \_\_\_\_\_ to participate in the 2010 Panther Youth Basketball Program. In giving my permission, I recognize and understand that a risk of injury exists during the normal course of the game of basketball. I knowingly assume the risk inherent in participation, including, but not limited to actual play in practice and games and in transportation to and from games and practices. I agree to hold harmless Panther Youth Sports Authority, Inc., its officers, directors, contractors, and volunteers, and the Metropolitan School District of Washington Township, the members of the Board of Education, and its administrators for any loss or injury incurred as a result of my (son/dependent)'s participation in Panther Youth Basketball activities.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEER SIGN-UP**  
**(WE NEED YOUR HELP)**

Please indicate your willingness to serve in any of the following areas. Many people are needed to run PYBL efficiently.

Please check if interested:

**Coach:** \_\_\_\_\_ **Telephone Tree:** \_\_\_\_\_  
**Asst. Coach:** \_\_\_\_\_ **Concessions:** \_\_\_\_\_  
**Team Mom:** \_\_\_\_\_ **Newsletter:** \_\_\_\_\_  
**Fundraiser Committee:** \_\_\_\_\_ **Rules Committee:** \_\_\_\_\_  
**Evaluation Committee:** \_\_\_\_\_ **Grade Commissioner:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**LEAGUE SPONSORSHIP**

My company or organization is interested in being a league sponsor for the Panther Youth Basketball League.

**Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PLEASE return this with registration form!**  
**THANK YOU!!!!**

***Now you can register and pay online***  
***at [www.pantherbasketball.com](http://www.pantherbasketball.com)***

**Our hotline is 259-5200 for any questions you may have or check the web [www.pantherbasketball.com](http://www.pantherbasketball.com)**