

**2011-2012**  
**LENOX YOUTH BASKETBALL ASSOCIATION**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ M F

DOB \_\_\_\_\_ School Attending \_\_\_\_\_

Did you play last season? Y/N      House League Fee: \$35.00

Interested in Travel? Y/N FEE: \$75.00

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

As a parent(s), I will volunteer to do one of the following:

House Coach/Assistant Coach

Scorekeeper

Travel Coach/Assistant Coach

Clock

Sponsor Team \$175

Referee

*Sponsor Name on T-Shirt* \_\_\_\_\_

Snack Bar

Sponsor Team on Shirt AND our Website: \$275

**Sponsors:** Send checks to LYBA, PO Box 2082, Lenox MA 01240

I give LYBA permission to place my Child's name, team and picture on  
www.lenoxyouthbball.org.      Y N

Shirt Sizes: Child: M L    Adult: S M L XL XXL

(Players must provide their own black shorts)

Make checks payable: Lenox Youth Basketball Association

**Permission is hereby granted to the above mentioned person to participate in the Lenox Youth Basketball Program. The LYBA and its volunteers shall not be held responsible in any way for injuries by the above named person while engaging in program activities.**

Questions: Please contact Paul Giardina: [info@lenoxyouthbball.org](mailto:info@lenoxyouthbball.org) or 413-822-1723.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Remember to check [www.lenoxyouthbball.org](http://www.lenoxyouthbball.org) and add your email to our mailing list for updates and changes.