

Pleasanton Youth Basketball Registration

Participant's Last Name _____ First Name _____

Address _____ City _____ Zip _____

Age _____ DOB _____ Height _____ Weight _____ (Please be accurate)
FT. IN.

Grade (Fall 10) _____ Sex _____ School Attending _____

Parent E-mail: _____ Phones: _____

(Check one) Jersey Size Youth: S ___ YM ___ YL ___ Adult: S ___ M ___ L ___ XL ___

Additional Information

Did you play PYB last year? Yes ___ No ___

Do you play on a Jr. High basketball team? Yes ___ No ___

Do you play on a CYO basketball team? Yes ___ No ___

If yes, CYO A team? Yes ___ No ___

List any team sports and any conflicts. We will try to accommodate conflicts, but staff cannot guarantee that they will be able to do so.

Emergency Information

Mother's Name _____ Phone (H) _____ (W) _____

Father's Name _____ Phone (H) _____ (W) _____

Family Doctor _____ Phone _____

Special Requests

You may request to play with one other person. Requests must come from both parties.

City staff will make every attempt to honor these requests that are appropriate, but there are no guarantees. **Requesting a coach or coaches requesting players is not allowed.**

1. _____

Coaches Needed

All coaches and assistant coaches must be fingerprinted (at the City of Pleasanton's expense) as a part of state legislation, which requires all volunteers, employees, and contractual staff who supervise minors to be fingerprinted. Special times will be arranged for all coaches and staff. Coaches may not participate until clearance is granted. Coaches must register on the volunteer website: www.helpindahand.org.

Mail this form to: Parks and Community Services
Attention: PYB
P.O. Box 520
Pleasanton, CA 94566