

**Owatonna Basketball Association Registration Form**  
**September 21, 2009**  
**Owatonna Junior High Cafeteria (6:00 p.m. – 8:00 p.m.)**

Name of Player: \_\_\_\_\_  
First M.I. Last Grade/School

Address: \_\_\_\_\_  
Street City Zip Code

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Unpublished)

Parents/Legal Guardian: \_\_\_\_\_  
First M.I. Last

Name of Parent (different address) \_\_\_\_\_

Address (If different from players): \_\_\_\_\_  
Street City Zip Code

**Parent/Legal Guardian Agreement**

I, the parent/legal guardian of the participant have received and read, and agree that the participant and I will abide by the participant and parent guidelines of the Owatonna Basketball Association (OBA). We also agree to return the uniform provided by the OBA by the designated time at the end of the season and in good condition. **We agree that the uniform will be worn only for OBA games. I understand that the uniform deposit could be forfeited if it is not returned by the designated time, in good condition, or is worn for other than OBA games. We will also provide the volunteer requirements needed at tournament time by working as directed by OBA board, coaches and players. I understand that I will forfeit my work deposit if this commitment is unfulfilled.** I give permission for the release of information giving the Owatonna Schools, Public and Private, the right to contact the OBA as to the suspension of extra curricular activities due to ineligibility.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Information**

\_\_\_\_\_  
Name of person to contact Address Phone #

\_\_\_\_\_  
Alternate who can be contacted Address Phone #

\_\_\_\_\_  
Physician/Clinic Name Address Phone #

\_\_\_\_\_  
Dentist Name Address Phone #

List any medical problems, limitations or prohibitions the player may have.

**Consent for Medical Treatment/Release of Liability**

As the parent or legal guardian of a participant in OBA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. Recognizing the possibility of physical injury associated with a sport such as basketball, I hereby waive, release any and all rights and claims that the participant or I may have against the OBA for any and all damages arising out of or connected with participation in OBA activities.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fee Schedule**

**Please be prepared to write out 3 separate checks – Participation Fee, Uniform Deposit, and Work Deposit.**

Participation Fees: 5<sup>th</sup> & 6<sup>th</sup> Grade = \$160.00 \_\_\_\_\_ Participation Fees: 7<sup>th</sup> & 8<sup>th</sup> Grade = \$200.00 \_\_\_\_\_

Uniform Deposit: 5<sup>th</sup> & 6<sup>th</sup> Grade = \$ 45.00 \_\_\_\_\_ Uniform Deposit: 7<sup>th</sup> & 8<sup>th</sup> Grade = \$ 75.00 \_\_\_\_\_

Work Deposit: 5<sup>th</sup> & 6<sup>th</sup> Grade = \$100.00 \_\_\_\_\_ Work Deposit: 7<sup>th</sup> & 8<sup>th</sup> Grade = \$100.00 \_\_\_\_\_

\*\*\*\*\*There will be a \$25.00 late registration fee for registrations received after October 1, 2009\*\*\*\*\*

**You can mail your registration and 3 checks to Owatonna Basketball Association, PO Box 743, Owatonna, MN 55060**

\*A cancellation fee may apply

Yes, I will allow the use of photographs that may include my child for use on the web site or in OBA publications. \_\_\_\_\_ Initial