

Tichigan Youth Basketball Registration

This is our 25th season! Thanks for all your support!

Leagues for all Girls & Boys 2nd thru 8th Grade

Registration: Online at www.tyb.info, in-person at Practice, or via mail

REGISTER ONLINE

On-Line Registration is open NOW

Visit www.tyb.info for more information

Fee: \$ 75 (includes uniform shirt & shorts)

- ❖ The number of teams in each league will be determined by registration.
- ❖ We are also looking for anyone interested in becoming a TYB coach or sponsor.
- ❖ Information is available on the web site: www.tyb.info

First two practices: Tuesday, November 15 AND 16

5:30 PM to 6:30 PM- Last names A-K

6:30 PM to 7:30 PM- Last names L-Z

At Washington-Caldwell School, Hwy 164 and County Line Road

Mail in registration:

TYB

28615 Golden Circle

Waterford WI 53185

262 662 9872

Director: Philip Ciano

Website: www.tyb.info

Tichigan Youth 2nd– 8th Grade Basketball Player Registration – 2022-23

LAST NAME: _____ FIRST NAME: _____ GRADE: _____

PHONE: _(_____) _____ EMAIL ADDRESS: _____

Gender: Boy / Girl	School:	Height:	Weight:
TYB Experience Yes / No	Last Year's Team Name:		
Shirt Size YS (6-8) YM (10-12) YL (14-16)	Short Size YS YM YL		
AS AM AL AXL AXXL	AS AM AL AXL AXXL		
Sibling(s) in TYB Yes / No	Name / Grade		

Home Address: _____
Street

City State Zip Code

Father/Guardian: _____ Phone: ([] [] []) - [] [] [] - [] [] [] []
Last, First

Mother/Guardian: _____ Phone: ([] [] []) - [] [] [] - [] [] [] []
Last, First

Emergency Contact Information: If Mother, Father, or Guardian cannot be reached, please contact the following:

Emergency Contact : _____ Phone: ([] [] []) - [] [] [] - [] [] [] []
Last, First

Relationship: _____ 2nd phone # if available: ([] [] []) - [] [] [] - [] [] [] []

Health Information: Is the participant currently taking medication you wish us to know about? (Circle one) **No** **Yes** _____
 Does the participant have any other chronic medical condition that you wish us to be aware of? _____

I am interested in Volunteering: ___ Coaching ___ Officiating ___ Score Board / Time ___ Concessions

I am interested or know someone who would sponsor a team: Yes No

I / we the parent(s) / legal guardian(s) give our child permission to participate in the 2022-23 season of Tichigan Youth Basketball, (TYB).
 I / we understand that TYB and/or it's members do not assume liability for the payment of medical / hospital expenses which may be incurred by our child while participating in this activity; said liability will be assumed by me / us for the duration of the activity. Further it is understood that the School District(s) in which league related activities may be conducted do not assume liability for payment of medical / hospital expenses which may be incurred by our child while participating in this activity. Due to Covid 19, we also understand that our child may be asked to wear a mask at the discretion of the league.
 I / we further understand that the league does encourage the use of eye and teeth protection during practices and games, but does not provide these items. Parents/Guardians who do not have medical/hospitalization coverage are encouraged to purchase this coverage at a nominal fee from an insurance agent of their choice.

Signature of Parent(s) or Guardian(s) _____ Date _____

Office Use Only: Date: _____	Fee Paid: _____	Waiting List : _____
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