



High School Basketball SUPER LEAGUE

For 9th-12th grade boys and girls
not playing on their high school team



Games are on Sundays,
8 am to 6 pm, starting January 8 ,
with a championship on
Saturday night, March 18.

January 8 – March 18, 2017

\$100 per player

Includes uniform top, awards and fees
for officials and gym

- **Teams registration deadline:
Friday, December 2, 2016**
Minimum 7, maximum 10
- **No individual sign-ups,
team sign-ups only.**

Eligibility:

9th – 12th grader boys and girls who are not playing on their high school teams. League is not responsible for any violations of high school rules or policies, but will suspend players found to be on high school teams. Rosters are frozen with no substitutions or changes after the 5th game. Any player competing in CIF High School Basketball at the beginning of their High School season is ineligible to play at any point during the season.

Playing time requirements:

Each player must play at least two full, uninterrupted periods; no player may play all five periods. Teams play one or more games each Sunday depending on number of teams in the league.

See reverse side for registration

Follow us on Facebook @
Ventura Youth Basketball
Association

**Now hiring basketball
officials for the 2017
VYBA season!**

Call 805.658.4705

VYBA.org

In compliance with the Americans with Disabilities Act, special needs can be met by calling 805.658-4726 or by contacting the California Relay Service.

CITY OF
VENTURA
PARKS, RECREATION &
COMMUNITY PARTNERSHIPS
www.cityofventura.net

VYBA Basketball

SUPER LEAGUE REGISTRATION

Registration Deadline: December 2, 2016

Head Coach Name: _____ Must be 21 or older Team Name: _____

Address: _____ Phone (home): _____

Total number of players: _____ *Please make check payable* Phone (other): _____
 x \$100 each = \$ _____ *to "City of Ventura"* Email: _____

| Name | Address City | Zip | Phone | Birthdate | Grade | Jersey Size |
|-----------|-----------------|-------|-------|-----------|-------|----------------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ | _____ | _____ | _____ |

In compliance with the Americans with Disabilities Act, special needs may be met by calling 658-4726.

 Mail or bring to: City of Ventura • Parks, Recreation & Community Partnerships • P.O. Box 99, 501 Poli Street, Room 226 • Ventura, CA 93002
 Phone-in registration with VISA, MasterCard, Discover or American Express: 658-4726 or Fax to 648-1030

Form of Payment: cash check (payable to City of Ventura) charge

Waiver

Name of Parent/Guardian _____

By signing this application, I agree to release the City of San Buenaventura, its agents, its employees, and its certified volunteers from and against any claim arising from my or my child's participation in the program noted on this Registration Form. I grant permission for the City of Ventura to use participant's image, filmed during program activities, to promote its services and programs. I agree to indemnify and hold the City of San Buenaventura harmless from and against any claims, whether caused by passive negligence or otherwise. I will pay all costs incident to any claim, including, without limitation, attorneys' fees. I agree that this agreement is intended to be as broad and inclusive as is permitted by law of the State of California.

Address _____

City _____ Zip _____

Phone (day) _____ (evening) _____

VISA/MasterCard # _____

Cardholder Name _____

Cardholder DOB _____ Exp. Date _____ 3-digit code _____ Signature _____ Date _____