



HCYP BASKETBALL BOYS TRAVEL LEAGUE REGISTRATION FORM

(HCYP Travel Elite/Force Basketball Teams Do NOT Submit This Form.)

TEAM NAME: _____

HEAD COACH NAME: _____

CITY/STATE/ZIP CODE: _____

PHONE#: _____

E-MAIL: _____

GROUP/LEVEL: _____

SCHOOL: _____

PLEASE CHECK THE LEAGUE YOU ARE REGISTERING FOR:

TRAVEL LEAGUE 'A': \$650.00.

TRAVEL LEAGUE 'B': \$650.00.

REGISTRATION AMOUNT ENCLOSED: \$ _____

The participants assume all risks associated with participation in HCYP, Inc.'s Leagues. Neither the League Director, HCYP Inc., nor anyone associated with the league shall be responsible for children prior to or after the scheduled program. The participants agree to abide by HCYP's Registration Policy as published in the online registration detail at www.hcyp.org and on the website in various places including FAQ's. The participant and families agree to abide by HCYP Basketball's published Policy, Regulations & Code of Ethics.

***** No refunds will be issued. *****

Date: _____

Signature of Head Coach: _____

Please make checks payable to: **HCYP Basketball, Inc.**

Mail to: HCYP Basketball, Inc.

P.O. Box 1662

Ellicott City, MD 21043

Attn: Rob Worthington, HCYP Basketball Travel & Middle School Commissioner