

2011-12 SCBA Application Circle one: Fall Spring

Office Use: Boys Girls A B C D New Uniform

Name _____

Address _____

City, State & Zip _____

Home Phone _____ Mobile Phone _____

Email Address _____

Boy ____ Girl ____ Current Grade Level ____ School _____

Current basketball jersey number (if applicable) # _____

Parent/Guardian _____

Health Insurer _____

Health Policy Number _____

Emergency Contact Name: _____

Emergency Contact Phone# _____

I have internet access. I agree to check online for all future updates. Yes No

By checking Yes I am declaring I will use the website to confirm registration verification, clinic schedules, Jamboree times, game schedules etc. I understand I will not receive a phone call

Parent's Authorization. In the event of an accident or illness, and if neither my emergency contact nor I can be reached; the SCBA is authorized to secure emergency medical treatment. I agree to waive any claims against the MHUSD and the SCBA organization. If your child has asthma and or any conditional health concern, please send in an additional note or contact a Director.

Parent/Guardian Signature _____ Date _____

Approval To Post Childs Name (Roster & Verification): _____ **(Signature)**

Circle one: **\$115.00** (New Player or need jersey) **\$90.00** (No new jersey required)

PayPal Customers Please Enter the last 5 Digits of your Confirmation Number here: _____

New: Multiple family members: \$10.00 for each additional child. **SCBA Will mail all Credit Checks prior to the start of the season.**

The SCBA is dependent on competent and positive coaches volunteering their time and energy. The SCBA reserves the right to use high school age coaches if a qualified adult coach is not available. Your help will be appreciated and compensated. We will determine the size of each team and will run a league with as few as two teams but typically no more that 10 teams with a goal of 8-11 players per team. All coaching applicants will be reviewed and should you be selected to coach a representative will contact you via email and/or phone.

Place an X here ____ if interested in coaching or volunteering. I would like to be considered for a coaching position.

Name: _____ Coaches must be willing to participate in a background check. Coaching applicants will be contacted and invited to the coaches meeting ONLY if you services are needed.

Please check back with the web site to verify your child's registration has been received. The Verification Tab will take you to the alphabetized listing. If you don't see your child after 5 days then email jverde@garlic.com and we will get back to you as soon as possible.

Please enclose a check or money order and mail application to:
SCBA, PO Box 893, Morgan Hill, CA 95038 Phone (408) 460-7402

Date this Application was last updated: April 21, 2011